

Travel Authorisation Form



Name:	
Department:	
Date of Travel:	
Place of Travel:	
Purpose:	

Estimated Expenses				
Travel				
Description	Date	Price in Foreign Currency	Price in AED	Comments
Accommodation				
Location	Date	Price in Foreign Currency	Price in AED	Comments
Others				
Description	Date	Price in Foreign Currency	Price in AED	Comments
TOTAL TRAVEL EXPENSE (in AED)				

Amount requested in advance (in AED)	
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Date: 10-Aug-17

Signature: _____

Department Head

Director of Finance

General Manager