



COMSATS Institute of Information Technology

Mailsi Road Off Multan Road Vehari

Ph: 067-3362774, 67-3028398

Date: _____

Traveling Authorization Form

Name of Employee: _____ Designation: _____

Purpose of Journey: _____

Mode of Journey: (By Road/ Rail/ Air/ Personal car): _____ (Please specify).

Departure			Arrival		
Station	Date	Time	Station	Date	Time

Nature of Accommodation/Residence: **Own** **Official**
 (If applicable)
 (Please Tick one)

Approval of the above-mentioned tour program is solicited.

Submitted by:

Signature: _____

Recommended by (HOD):

Name & Signature: _____

Verified By:

Name & Signature:

Approved By:

Signature: _____

Director