



**COMSATS University Islamabad**  
**Vehari Campus**  
**Ph: 067-3602803**

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: 

<b>Own</b>	<b>Official</b>
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 (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**