

# Local Governance and Community Development Programme

## Internal Travel Authorization

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Duty Station: \_\_\_\_\_

Agency: \_\_\_\_\_ Project Title/ No: \_\_\_\_\_

Key activities no:..... **Monitoring/ Meeting/ Workshop participation**

Purpose of Travel (in Detail) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Itinerary : \_\_\_\_\_

\_\_\_\_\_

Duration : \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Mode of Travel: **Plane and Office Vehicle**

Travel Advance Required : **Yes / No**

Government Counterpart Agency/ others recommendation / concerns..

Traveler's signature: \_\_\_\_\_

Travel Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
National Prog. Director / National Prog. Manager / Agency Rep./ Admin. Officer

Payment of Travel Subsistence Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
National Prog. Manager

### Record of Travel Advance

Date:

Currency:

Amount:

\_\_\_\_\_  
Signature of Payment Officer

Voucher no:

Distribution: Original - File, Administrative Assistant  
Duplicate - Staff Member