



USAID
FROM THE AMERICAN PEOPLE

REQUEST FOR TRAVEL AUTHORIZATION

NAME OF TRAVELER: _____

DATES OF TRAVEL: _____

DESTINATION/ITINERARY:

REASON FOR TRAVEL:

COST/FUNDING SOURCE:

APPROVING OFFICIAL: _____

OFFICIAL ACTING IN YOUR ABSENCE:

APPROVED: _____ **DATE:** _____

DISAPPROVED: _____ **DATE:** _____

REASON FOR DISAPPROVAL:
