

Rural Development Training Centre, Zhemgang*
Travel Authorization Form

Name of Employee:
Position Title:

Number:
Date:

Position Level :

From		To		Mode Of Travel	Halt at	Purpose
Station	Date	Station	Date			

Estimated Traveling Expenses:
Advanced Required:

Tr. Advance Outstanding
Since (date)

Advance of Nu.
Sanctioned/Recommended.

(Signature of employee)
 Date

(Signature & Seal, Head of Finance)
 Date

(Signature & Seal, Controlling Officer)
 Date