

COMSATS Institute of Information Technology

M.A.Jinnah Campus, Defence Road, Off Raiwind Road, Lahore

Date: _____

Traveling Authorization Form

Name of Employee: _____

Designation: _____

Purpose of Journey: _____

Place of Visit: _____ Date of Visit: (From) _____ (To) _____

Mode of Journey: (By Road/ Rail/ Air/ Personal Car): _____ (Please Specify).

Nature of Accommodation/Residence:
(If applicable)

Own

Official

(Please Tick one)

Approval of the above-mentioned tour programme is solicited.

Submitted by:

Signature: _____

Recommended by (HOD):

Signature: _____

Name: _____

Designation: _____

Approved By:

Signature: _____

Name: Dr. Mehmood Ahmed Bodla

Designation: Director