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: [ ] Own [ ] Official
(If applicable) (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. Mehmoed Ahmed Bodla
Designation: Director