

UNIVERSITY OF CHITRAL, CHITRAL KHYBER PAKHTUNKHWA

TRAVEL AUTHORIZATION FORM

Date: - -

TAF No - - -

Traveler's Name:	Designation:	BPS:
Department/Section:	Location: _____ Departure Date: _____ Expected Arrival: _____	Check appropriate box: <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Visitor

Responsible staff during absence: _____

Purpose of travel: _____

DESIRED MODE OF TRANSPORTATION

- Official vehicle - University's conveyance
- Private vehicle - Employee's conveyance
- Public transport

CERTIFICATION AND APPROVAL

Initiated by:	Recommended by:	Approved by: <p align="center">Vice Chancellor University of Chitral</p>
Date:	Date:	Date: