



ITINERARY OF TRAVEL

Name	
Position	
Official Station	
Purpose of Travel	

DATE	PLACES TO BE VISITED	TIME		Means of Transportation	ALLOWABLE EXPENSES	
		Departure	Arrival		Transportation	Daily Allowance
					sub-total	_____
					Total	_____

Prepared by:

I CERTIFY THAT:

1. I have reviewed the foregoing Itinerary.
2. The travel is necessary to the service.
3. The period covered is reasonable.
4. The expenses claimed are proper.

Recommending Approval:

Approved by: