



DATE \_\_\_\_\_

**TRAVEL AUTHORIZATION FORM**

**ALL TRAVEL REQUESTS TO BE DISCUSSED AND SIGNED OFF BY LEBO MOKOENA TO AVOID UNSCHEDULED TRIPS.**

NAME OF EMPLOYEE \_\_\_\_\_

REQUESTED BY \_\_\_\_\_

REASON FOR TRAVELLING \_\_\_\_\_

DESTINATION \_\_\_\_\_

DEPARTURE \_\_\_\_\_ RETURN \_\_\_\_\_

<u>TRANSPORT</u>	Organized	Invoice/Slips	TOTAL
FLIGHT		as per invoice	
RENTED CAR		as per invoice	
PARKING		supply slips	
PETROL		supply slips	
TOLL GATES		supply slips	
BORDER POST		supply slips	

<u>ACCOMMODATION</u>	Per day	No. of Days	As per Invoice	TOTAL
NO. OF NIGHTS (Hotel, Lodge, Guesthouse)				
NO. OF NIGHTS (Alternative accomodation - no Hotel, Lodge)	R 400.00		Only approved by Lebo	

<u>FOOD ALLOWANCE</u>	Per day	Per Half Day	No. of Days	TOTAL
FOOD ALLOWANCE (senior management)	R300	R175		
FOOD ALLOWANCE (junior staff)	R200	R100		

TOTAL TO PAY  
(Employee)

TOTAL COST TO COMPANY

AUTHORIZED BY \_\_\_\_\_ SIGNATURE \_\_\_\_\_