**CITY BUS SERVICE, THIMPHU THROMDE**

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| **TRAVEL AUTHORISATION FORM** |  |
| Name of Employee: | Number |
| Position Title: Position Level: | Date: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **From** | | **To** | | **Mode Of Travel** | **Halt At** | **Purpose** |
| **Station** | **Date** | **Station** | **Date** |  |  |  |
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| Estimated Traveling Expenses: | Tr. Advance Outstanding | Advance of Nu. |
| Advance Required : | Since (date) | Sanctioned/Recommended |
| (Signature of employee) | (Signature & Seal, Head of Finance) | (Signature & Seal, Controlling Officer) |
| Date | Date | Date |