

COMMONWEALTH OF MASSACHUSETTS
TOWN OF WALPOLE

AUTHORIZATION FOR EMPLOYEE TRAVEL

DEPARTMENT: _____

TRAVEL/TRIP INFORMATION

Date of Trip:
From: _____ To: _____
Destination: _____
Mode of Transportation:
Air___ Vehicle(Town___ Personal___)
Other(specify) _____

FUNDING INFORMATION

Budget: _____
Line Item #: _____
Total Amount Requested: \$ _____
For: Hotel _____ Airfare _____
Registration _____ Expenses _____
Other(specify) _____

NAMES OF TRAVELERS

TITLES

REASON FOR TRAVEL & OTHER INFORMATION

DEPARTMENT HEAD AUTHORIZATION

I hereby grant authorization for the above named individual(s) to execute travel at public expense in the performance of official duties, and further do hereby certify that sufficient funds are available in the above mentioned budget & line item for this travel expenditure.

SIGNED: _____
(AUTHORIZED DEPARTMENT HEAD)

DATE: _____

TOWN ADMINISTRATOR ACTION

This Request is Hereby:

Approved: _____

Disapproved: _____ Reason: _____

SIGNED: _____
(TOWN ADMINISTRATOR)

DATE: _____