



Adventist University of Africa

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TRAVEL AUTHORIZATION

Name: _____

Date: _____

Telephone #: _____

Mode of
Travel:

Air/
Land

Personal
Car

Public
Transportation

Date	From	To	Purpose

Prior Authorization

Immediate Supervisor: _____

Committee Name: _____

Action: _____

Budget _____

Signatures

Please enter supporting signatures and dates in order from top to bottom
Distribute copies only after all required signatures have been entered.

Traveler _____ Date: _____

Supervisor _____ Date: _____

Finance _____ Date: _____