



གཤམར་རྒྱལ་པོ་པོ་གསོ་རིག་གཞུག་ལག་སློབ་མཉེ།  
**Khesar Gyalpo University of Medical Sciences of Bhutan**  
**Royal Government of Bhutan**  
**Thimphu: Bhutan**



**Travel Authorization Form**

**Name of employee:**

**Designation:**

**Grade:**

**Date:**

**Number**

From		To		Model of Travel	Halt At	Purpose
Station	Date	Station	Date			

Estimated Traveling Expenses : Nu.  
Advanced required : Nu.

Tr. Advance outstanding Nu. .  
Since (date)

Not approved.  
Advance of Nu.  
Sanctioned/Recommended.

(Signature of Employee)

Date

(Signature & seal, Head of Finance)

Date

(Signature & seal of Controlling Officer)

Date



གཤམ་རྒྱལ་པོ་གསོ་རིག་གཞུག་ལག་སློབ་མཉེ།  
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