

**PHARAMAYA UNIVERSITY**  
**TRAVEL REQUEST and AUTHORIZATION FORM**

Date \_\_\_\_\_

1. Name & Signature \_\_\_\_\_
2. College /School/Department/Offices \_\_\_\_\_
3. Program/Project Name and \_\_\_\_\_ (Applicable for Project)
4. Salary \_\_\_\_\_
5. Per-diem rate per day birr (when applicable) \_\_\_\_\_
6. Purpose of the trip \_\_\_\_\_  
\_\_\_\_\_
7. \_\_\_\_\_ Departure \_\_\_\_\_ Destination \_\_\_\_\_
8. Means of Travel      Air       HU Vehicle       Bus
9. Total no. of days (see the travel plan) \_\_\_\_\_
10. Advance payment (see details on the attached travel plan)
- 10.1 per-diem payment birr \_\_\_\_\_
- 10.2 Fuel \_\_\_\_\_
- 10.3 Incidental \_\_\_\_\_
- 10.4 Total pay birr \_\_\_\_\_

**Travel Authorized by**

- Department Head / Team Leader

a. Name \_\_\_\_\_

b. Signature \_\_\_\_\_

12. Budget Clearance (code) \_\_\_\_\_

Authorized by Name \_\_\_\_\_  
Signature \_\_\_\_\_

13. The above total advance payment birr \_\_\_\_\_ is approved

**FINAL APPROVAL**

❖ Dean/Director Name and. Signature \_\_\_\_\_

Stamp

❖ V/President approval applicable for Dean and Directors only

Name & Signature \_\_\_\_\_

Stamp

cc. College/School/Department/Directorate/Offices