



AMDA-Nepal

Hospital/Project:

Address:

TAF No:

Travel Authorization Form

Name: Designation: ID#

Department/Unit: Mode of Travel:

Travel Place	Travel Dates	Travel Purpose
.....
.....
.....

Type of travel authorization: a) with TA/DA b) TA only c) DA only d) Without TA/DA

Total Travel Days.....Returns to the post on.....

Cost Estimation (NRs) - Traveler		Review and Instruction - Finance	
Airfare (Economy class)		Cost center (project/account head)	
Lodging (Accommodation)			
Daily Subsistence Allowance (DSA)			
Vehicle rental and local transportation			
Registration and fees		Reviewed by	
Other expenses			
Total estimated cost		Signature	
Advance Requested			

*Total expenditure/payment cannot be exceed the total estimated cost.

Special Remarks, (if any):

Requested by:	Recommended by:	Approved by:
Designation:	Designation:	Designation:
Signature:	Signature:	Signature:
Date:	Date:	Date:

Note: International travel authorization request must be submitted to the Secretary of AMDA Nepal, 10 days before the travel for the approval.