



## TRAVEL AUTHORIZATION FORM

*please complete at least two weeks prior to travel date*

<b>EMPLOYEE NAME</b>		<b>DEPARTURE DATE</b>	
<b>DEPARTMENT</b>		<b>RETURN DATE</b>	
<b>DESTINATION (City, State)</b>			

<b>EXPLANATION OF TRAVEL:</b>

<b>SPECIAL ACCOMMODATIONS REQUESTED (i.e., leaving earlier, personal days, rental car requested):</b>

<b>STAFF CERTIFICATION</b>
<p>By signing below, I certify the requested travel is appropriate and necessary for conducting official WACBD business activities and agree to comply with the WACBD travel policy. (<a href="http://wacbd.org">Washington center for bleeding disorders (wacbd.org)</a>)</p> <p>Signature: _____ Date: _____</p>

<b>SUPERVISOR AUTHORIZATION</b>			
APPROVED	DISAPPROVED		
Printed Name			
Signature		Date	