



TRAVEL AUTHORIZATION

COMMONWEALTH OF THE NORTHERN MARIANAS

OFFICE OF THE GOVERNOR

SAIPAN, MARIANA ISLANDS 96950

1. T.A. NO. _____

2. _____

DATE

3. _____

(OFFICE)

4. Name / S.S. No. _____

5. Official Station : _____

6. Title: _____

7. Accounting Office: _____

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. From: _____ 9. To: _____

10. PURPOSE AND REMARKS: _____

11. PER DIEM ALLOWANCE: _____

12. PERIOD OF TRAVEL: Beginning on or about _____ Ending on or about _____

MODE OF TRAVEL

- 13. Common carrier _____
- 14. Extra fare at a mileage rate of _____
- 15. Government-owned conveyance cents, subject to:
- 16. Privately owned
 - (a) Administratively determined to be the advantage of the Government
 - (b) A showing of advantage of the Government
 - (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

- 17. Transportation immediate family
- 18. Other (specify) _____
- 19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation _____ \$ _____

21. Per Diem _____

22. Other _____

23. TOTAL _____ \$ _____

24. Charged To: _____

25. _____

CHIEF, FINANCE & ACCOUNTING

26. _____

(REQUESTOR'S SIGNATURE)

27. _____

(TITLE)

28. _____

(AUTHORIZING OFFICER SIGNATURE)

29. _____

(TITLE)