

# CIIC-HIN OFFICE

## TRAVEL CLEARANCE

Names:		
Position:		
Purpose of the mission:		
Expected results:		
Destination From:	To:	
Departure Date:		
Return Date:		
Allowances:	Covered by <small>(Line budget/ Project)</small>	
Means of transport:	Covered by <small>(Line budget/ Project)</small>	

Requested by: \_\_\_\_\_  
*(Name of Supervisor)* \_\_\_\_\_  
*(Signature of Supervisor)*

Authorized by: \_\_\_\_\_  
*(CIIC-HIN MD)* \_\_\_\_\_  
*(Signature and Stamp)*