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| **Authorized Travel Request**  **Tracking Number:**  **Short Description:**   |  |  |  |  | | --- | --- | --- | --- | | **Note:** No ticket will be booked without required approval.If you do not receive confirmation by way itinerary, you must follow up with approver to ensure timely submission of this ATR. | | | | | **Instruction for Forwarding,Approving,Submitting:** |  |  |  | | 1: Traveler completes form.Traveler line manager approve it or If line manager is not Final approver then line manager forward it to next person |  |  |  | | 2: If Next person is not 'Authorised' Final approver,he again forword to next one. |  |  |  | |  |  |  |  | |
| |  |  |  |  | | --- | --- | --- | --- | | **Request Information** | | | | | Employee :\* |  | | | | Designation : |  | Department : |  | | Date Of ATR Request  (DD-MM-YYYY) :\* |  | Employee(s) Traveling :\* |  | | From Travel Date  (DD-MM-YYYY) :\* |  | To Travel Date  (DD-MM-YYYY) :\* |  | | Destination : |  | Status : |  | |
| |  |  |  |  | | --- | --- | --- | --- | | **Justification for Travel(Check all applicable):\*** | | | | | Customer |  | Management Training |  | | Other |  | Training |  | | Acquisition |  |  |  | |  | (Must explain "Other" in comments field.) |  |  | | Comments |  |  |  | |
| |  |  |  |  | | --- | --- | --- | --- | | **Direct Billing** | | | | | Airfare |  | Rental Car |  | |  | (Airfare is always Direct Billed when expensed.) | | | |  |  |  |  | | Hotel |  |  |  | |  |  |  |  | | Lowest Cost Option utilized :\* | Yes    No |  |  | |  | No(s) will be reported on monthly exception report provided to your functional executive. | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Policy Deviations** | | | | | Connections: |  | ATR: |  | | Times: |  | Not booked through DecisionOne travel agency: |  | | Carrier preference: |  | Other: |  | | Non-refundable ticket: |  |  |  | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Travel Expense** | | | | | | Air |  |  | $ | Round Trip | | Car | $ | Per Day | $ | Total For Duration | | Hotel | $ | Per Night | $ | Total For Duration | | Meals(Estimate) | $ | Per Day | $ | Total For Duration | | Other | $ |  | $ | Total For Duration | |  |  |  |  |  | |  |  | Total Expenses: | $ |  | |
| |  |  | | --- | --- | | **General Comments** | | | Comments : |  | |
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