

# Employee Group Travel Pre-Approval Form

Please complete this form and obtain the necessary approvals prior to making any travel arrangements. This form is designed for printing and physical signing.

## 1. Travel Organizer / Group Leader Information

Group Leader Name:	<input type="text"/>	Employee ID:	<input type="text"/>
Department:	<input type="text"/>	Job Title:	<input type="text"/>
Email Address:	<input type="text"/>	Phone Number:	<input type="text"/>

## 2. Trip Details

Destination (City, State/Country):	<input type="text"/>		
Departure Date (MM/DD/YYYY):	<input type="text"/>	Return Date (MM/DD/YYYY):	<input type="text"/>
Purpose of Travel:	<input type="text"/>		
Funding Source / Cost Center:	<input type="text"/>		

## 3. Group Members List

No.	Employee Name	Employee ID	Department	Role on Trip / Special Requirements
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 4. Estimated Expenses

Estimated Transportation (Flight, Train, Car Rental, etc.):	<input type="text"/>
Estimated Lodging:	<input type="text"/>
Estimated Meals & Incidentals:	<input type="text"/>
Estimated Registration / Conference Fees:	<input type="text"/>
Other Estimated Expenses (Specify below):	<input type="text"/>
Description of Other Expenses:	<input type="text"/>
<b>Total Estimated Group Cost:</b>	<input type="text"/>

## 5. Approvals and Signatures

By signing below, the Employee Group Leader certifies that the travel is for business purposes and the estimated costs are reasonable. Management approval certifies that budget is available and the travel is approved.

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**Group Leader Signature**

Signature: \_\_\_\_\_

Date:

**Department Manager Signature**

Signature: \_\_\_\_\_

Date:

**Finance / Executive Approval (if required)**

Signature: \_\_\_\_\_

Date: