



TOBAGO MISSION OF SDA

TRAVEL AUTHORIZATION REQUEST FORM

TO BE FILLED IN BY APPLICANT:

Name:.....

Employing Organization:.....

Countries to be visited:.....

Date of Departure:.....

Date of Return:.....

Comments:.....

.....

Signature:.....

Date:.....

TO BE FILLED IN BY LOCAL CONFERENCE / MISSION TREASURER (CHECK BOX) BEFORE COMMITTEE ACTION:

This individual is a worker and is covered by adequate travel accident insurance.

This individual is not a worker with adequate travel accident insurance, but has satisfied me that he/she has secured adequate travel accident insurance privately.

This individual is requesting short-term travel coverage per attached order and cheque attached is to cover the cost.

Signature:.....

Date:.....

TO BE FILLED IN BY LOCAL CONFERENCE / MISSION SECRETARY:

Request Approved Yes No

Date of Committee Action:

Copy sent to Caribbean Union? Yes No

Signature.....

Date:.....

TO BE FILLED IN BY UNION SECRETARY:

Request Approved Yes No

Date of Committee Action:

Signature.....

Date.....