



**KNOX COUNTY
TENNESSEE**

TRAVEL AUTHORIZATION REQUEST

Name: _____

Department: _____

Phone Number: _____

Destination: _____

Date(s) of Travel: _____

Reason for Travel:

Estimated Cost of Major Expenses: _____

Registration Fee (if appropriate): _____

Lodging: _____

Transportation: _____

Requesting Signature

Date

**Authorizing Signature
(Senior Director Level)**

Date

Elected Official Signature

Date

**Chief of Staff Signature
(Out of State Travel Only)**

Date