



**ARCHDIOCESE OF AGAÑA**

Chancery Office  
 196B Cuesta San Ramon Ste. B, Hagatña Guam 96910  
 Tel. No.: (671) 472-6116/ (671) 562-0000  
 Fax No.: (671) 477-3519  
 Email: hradmin@archagana.org

**PRE-APPROVAL TRAVEL REQUEST FORM**

Date of Request	
Employee Name/Position	
Organization/Department	

**Travel Information:**

Destination			
Sponsoring Organization			
Purpose of Trip			
Date trip to begin (mm/dd/yy)		Date trip to end (mm/dd/yy)	

**Estimated Expenses:**

Items	Estimated Amount	Remarks
Conference & Fees	\$	
Lodging	\$	
Airfare	\$	
Land Transportation	\$	
Meals	\$	
Miscellaneous	\$	
<b>TOTAL</b>	\$	

**Budget Allocation/Fund Source:**

GL Account No.	Amount	Remarks

I have reviewed and agreed to comply with the Archdiocese of Agaña Travel Expense Reimbursement policies and procedures.

Traveler's Signature

Date

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize the above listed employee to travel and expend the Archdiocese of Agaña funds using the above listed numbers.

Approving Personnel

Date

\_\_\_\_\_

\_\_\_\_\_