

11821 Parklawn Drive • Suite 206  
Rockville, MD 20852

TEL (301) 984-1355  
FAX (301) 984-1360  
viccs@viccs.com

TODAYS DATE: \_\_\_\_\_, 20\_\_\_\_

## Travel Authorization

**DISCLOSURE:** All arrangements made by VICCS Inc. VICCS Inc. will bill (XYZ Co.) \_\_\_\_\_ for all expenses.

**IBM PM Manager:** (Name of Manager Authorizing this travel) \_\_\_\_\_  
Telephone: \_\_\_\_\_, Email: \_\_\_\_\_

**VICCS EMPLOYEE:** Employee Name, (Email Address), (IBM Site telephone number)

**PERSON VISITNG:** (Name, Telephone Number, Email Address)

**TRAVELING FROM:** \_\_\_\_\_

**TRAVELING TO:** \_\_\_\_\_

**COMPANY:** VICCS, Inc.

**PURPOSE:** \_\_\_\_\_

**TRAVEL PERIOD:** (1) Dates \_\_\_\_\_

**AIR RESERVATIONS:** (1) Employee will travel to (City, State ) \_\_\_\_\_ on (Month, Date) \_\_\_\_\_, and return on (Month, Date), the cost of travel is estimated at \$\_\_\_\_\_ + Tax + Insurance for this ticket.

**LODGING:** Accommodation will be made at \_\_\_\_\_ Hotel in (City, State), w/ rates of \$\_\_\_\_\_ per day for the extent of stay as outlined above. Check out Hotel receipt w/ all applicable charges will be provided accordingly.

**RENTAL CAR:** Rental Car arrangements are made w/ (Rental Car Company Name) \_\_\_\_\_ at Airport for the extent of stay as outlined above. Receipt will be provided for all applicable charges.

**PER DIEM FOOD & INCIDENTALS:** Per Diem for (City, State), at \$\_\_\_\_\_ dollars per day. All charges will be submitted in accordance w/ the length of stays above as outlined.

**OTHER:** Gas, Parking, Copies, Telephone Charges & other applicable charges will be charged to IBM accordingly.

IBM PM Manager Approval: \_\_\_\_\_

\_\_\_\_\_  
Name, Title

\_\_\_\_\_  
Signature

VICCS, Inc. HR Manager \_\_\_\_\_

Shikha Mathews

**This Travel Authorization has been verbally/in writing approved by (Name of the Manager Authorizing your travel) on (Date)**