

In case of reply the number
And the date of this
Letter should be quoted

My Ref. No.....

Your Ref. No.....



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TRAVEL REQUEST FORM

NB:

- i. This form should be approved at least one week before Staff leaves post.
- ii. Travels abroad must be approved by the DMA.
- iii. Travel outside Accra but within Ghana could be approved by the HOD.

1. Name of applicant.....
2. Position.....
3. Department/Unit.....
4. Purpose of Travel (Please tick as appropriate): **Official** / **Private** / **Mix of both**
5. If official, please provide the following details (**Attach supporting documents where necessary**):

- a. Activity (e.g. Conference, study tour).....
- b. Theme/Title of the activity.....
- c. Location of activity.....
- d. Role to be played.....
- e. Costs to be borne by KBTH (**Please indicate as appropriate**)

- i. Airfare
 - ii. Per diem allowance
 - iii. Conference/Seminar fees
 - iv. Others (Please specify)
6. Country/Town to be visited
 7. Proposed date of departure
 8. Proposed date of return

9. Indicate what arrangements have been made for work to be done in your absence.

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10. Signature of applicant.....Date.....

11. Recommendation of Head/Immediate Supervisor.

11b. Indicate whether there are funds in your budget to cover the costs to be borne by the Hospital. (Attach confirmation note from the Finance Directorate, if available).

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Recommended..... Not Recommended.....

Name..... Designation.....

Signature..... Date.....

12. Decision of Director.

Recommended..... Not Recommended.....

Name..... Designation.....

Signature..... Date.....

13. Decision of CEO.

Approved..... Not Approved.....

Name..... Designation.....

Signature..... Date.....