## INDIVIDUAL OVERSEAS TRAVEL APPROVAL FORM

1.	INFORMATION ON A	PPLICANT:		
Name:		Payroll No:		ı
		Post No:		
De	partment:	Ministry:		ı
Ha	s applicant been overseas	on official duty on previous occ	casions: Yes/No (If yes, please attac	h details)
2.	JUSTIFICATION AND	DURATION OF ABSENCE:		
Pu	rpose of the travel:			
Du	ration of proposed Trave	l: From:To:	:	
Wl	nat benefit will Vanuatu g	et from your travel?		
_	DI ACECTO DE VICI	PED DETAIL CAND DATE /DI		
3.	PLACES TO BE VISIT	ED-DETAILS AND DATE (FI	ease attach a complete itinerary)	
	Places/institutions	Dates - from/to	Brief details of purpose at each place	
4.	ACTING ARRANGE	EMENTS DURING THE OFFI	CER'S ABSENCE (IF ANY)	
Na	me:	Post title:		ı
Pos	st No:	Salary:		i
5.	COST OF PROPOSED	TRAVEL		
		l be funded eg. Ministry or Dep	8	T-4:1
est	imated travel cost:	Total Acting Allo	wance to be naid:	Total

I hereby apply for approval for overseas travel and agree to submit a detailed report on the benefits to Vanuatu to my Director and Director-General within one month of my return.				
Applicant's Name: Date:	Signature:			
TO BE COMPLETED BY DEPAR	RTMENT/MINISTRY			
<ul><li>Vanuatu;</li><li>funds are available to cover that applicable; and</li></ul>	es related and will be of benefit to the Government of the cost of travel and the payment of an acting allowance, if ubmits a detailed report of the benefits of the travel to the Government			
and accordingly, I recommend appro	val be given for the officer to travel overseas for the purpose indicated.			
<u>Director</u> - Name:	Signature:			
Name of Department:	Date			
I support the Directors recommendate	ion.			
<u>Director-General</u> - Name:	Signature			
Name of Ministry:	Date			
TO BE COMPLETED BY THE PU	JBLIC SERVICE COMMSSION			
The travel above is approved/n	ot approved			
Name of Secretary of PSC:				
Signature: Dat	e			