

**ANNEXURE (TO PART 1 OF TRIP AUTHORIZATION FORM (Z606)
PART 1: TO BE COMPLETED BEFORE JOURNEY.**

T/A NO.

Date	Starting Point	ODO Reading	End Point	ODO Reading	Reason for Trip

Validity Period: From TO: Time: From To:

Passengers: Enter names and ID No's of authorized passengers below.
An **ID MUST** be carried while traveling in a Government Vehicle.

NOTE: Hospital patients are exempted for carrying ID's but names must be listed below.

NAME	ID NO.	REASONS	NAME	ID NO.	REASONS

ABOVE TRIP(S) AUTHORIZED BY:
I hereby certify that the journeys are official and that funds are available to cover the expenditure.

Responsibility Manager: Signature: _____ Tel No. _____ Date: _____

Supervisor's Name: Signature: _____ Tel No: _____ Date: _____

Transport Officer: Signature: _____ Tel No: _____ Date: _____

Departmental Date Stamp _____