

MISSION GROUP OVERSEAS TRAVEL APPROVAL FORM

This form is to be completed by the Ministry proposing the mission and no expenditure must be committed in respect of the proposed mission until approval has been given for the mission.

1. DESCRIPTION OF MISSION

Purpose of Mission	Please indicate what benefits to Vanuatu will be derived from the mission <i>(If insufficient space, provide supporting paper)</i>

2. MEMBERS OF PROPOSED MISSION *(If insufficient space, please attach full details)*

Proposed members of Mission group		Justification for including this person on the Mission Group	Acting arrangements to be made to cover the duties of absent officers	
Name	Post Title		Name	Post Title

Have any of the applicants been overseas on official duty on previous occasions: Yes/No (If yes, please attach details)

3. PLACES AND ORGANISATIONS TO BE VISITED - DETAILS AND DATES

(If insufficient space, please attach full details)

Place/organisation	From/to	Brief details of purpose at each place and organisation

4. COST OF PROPOSED MISSION GROUP TRAVEL

How will the proposed travel be funded eg. Ministry or Departmental Budget or Donor etc

Total estimated travel costs: _____ Total Acting Allowances to be paid: _____

I hereby apply for approval for mission group overseas travel and agree to coordinate the preparation of a detailed report on the benefits to Vanuatu to my Director and Director-General within one month of the groups return.

Mission Leaders Name: _____ Signature: _____
Date: _____

TO BE COMPLETED BY DEPARTMENT/MINISTRY

I certify that:

- the proposed travel is business related and will be of benefit to the Government of Vanuatu;
- funds are available to cover the cost of travel and the payment of an acting allowance, if applicable; and
- I will ensure that the officer submits a detailed report of the benefits of the travel to the Government of Vanuatu.

and accordingly, I recommend approval be given for the officer to travel overseas for the purpose indicated.

Director - Name: _____ Signature: _____

Name of Department: _____ Date _____

I support the Directors recommendation.

Director-General - Name: _____ Signature _____

Name Ministry: _____ Date _____

TO BE COMPLETED BY PUBLIC SERVICE COMMISSION

The travel above is approved/not approved

Name of Secretary of PSC: _____

Signature: _____ Date _____

