



Cancellation of Travel Request and Authorization (TRA)

Date : (G) (H)

TO : (Name)
..... (Position Title in Administrative Affairs Department)

Through : (Department Head)

From :

Badge No. :

Job Title :

Department : Region :

I kindly request to cancel my Travel Request and Authorization as mentioned below :

Period Covered of the Approved TRA :

From : Ticket Required : Yes No
To : Exit Re-entry : Yes No
No. of days :
Leave Type :

Reason/s of Cancellation :

.....
.....

To be completed by HR / Payroll Section

I hereby confirm that the Travel Request and Authorization of the subject employee has been **cancelled** as requested and approved above.

Action Taken :

Days :
 Ticket :
 Exit Re-entry :

Verified by :

HR / Payroll Reviewer **Badge No.** **Date**
(Name & Signature)