



State Travel Authorization Form

DATE: _____

TO: _____ (*Name of person*) TITLE: _____ (*Title of person*)

EVENT: _____ (*Unit Meeting, District Meeting, Etc.*)

PURPOSE: _____

DATE: _____ TIME: _____

LOCATION: _____

CONTACT PERSON: _____ CONTACT #: _____

CALL BEFORE VISIT: _____ LETTER BEFORE VISIT: _____

SPECIAL INSTRUCTIONS:

The above person is authorized to represent the Disabled American Veterans Auxiliary State Department of North Carolina as assigned by the Auxiliary State Commander.

State Commander / State Adjutant

Date of Authorization