



GOVERNMENT OF KIRIBATI

Application Form for Domestic Duty Travel

Please read carefully and complete this application form before submitting it to the Approval Authorities:

- **Te Beretitenti** for all Cabinet Ministers.
- **Secretary to the Cabinet** for all Secretaries upon clearance of appropriate Ministers,
- **Secretary** for all officers in or under their ministry, copied to the Secretary, Public Service Office, not later than two (2) weeks prior to the date of departure.

1. Full name of Applicant:

2. Title of Applicant:

3. Organisation /Ministry:

4. Period of Absence:

5. Purpose of trip:

6. Destination:

7. Travel Sponsor

8. Contact on the island (in case of emergency):

a. Address:

b. Phone number:

9. Members of Team:

10. Who will be dealing with matters in your handing-over notes during your absence?

Applicant Signature:

Full name of Applicant:

Date:

FOR OFFICE USE ONLY

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APPROVED

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DISAPPROVED

Approval Authority Comments:

Approval Authority Signature:

Signature:	<div></div>	Signature:	<div></div>
Name:	<div></div>	Name:	<div></div>
Title:	<div></div>	Title:	<div></div>
Date:	<div></div>	Date:	<div></div>