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**IN-COUNTRY MISSION AUTHORIZATION FORM**

 **Mission Serial No……………**

01.Issuedto**……………………………….…**signature**…………………**

02. Department: **…………………………………….**

03. Function: …………………………………

04. Purpose of Mission: **……………………………………**

05. Expected results: **…………………………………………………………………….**

 **…………………………………………………………………..**

06. Destination**:**

07. Distance in km (to and from): **…………………………………**

08. Departure date: **……. /……. /2019**

09. Returning date: **…… /…… /2019**

10. Duration of the mission (number of days):

11. Transportation Means: Provided Personal public.

12. Vehicle Identification: **………………………………………………………………….**

13. Name of the driver: **…………………………………………………………………….**

14. Name of supervisor: **……………………………………………………….**

 Done at Busogo on **…… /…….. / 2019**

**Authorized by Principal or Campus Administration**

**…………………………….……………………**Signature**…………………………………**

**Acknowledged by HR Office …………………**Signature………………………….

**Visa for the destination**

 **Stamp and signature** ­­

EMAIL: principal.cavm@ur.ac.rw P.O. Box: 210 Musanze, Rwanda WEBSITE: [www.ur.ac.rw](http://www.ur.ac.rw)