

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Recipient's Organization]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Medical Travel Authorization Request

I am writing to formally request authorization for medical travel. Due to [briefly explain the medical condition or necessity], I need to travel to [destination] for medical treatment from [start date] to [end date].

I have attached the necessary documentation, including [list any documents such as medical reports, appointment confirmation, etc.].

I appreciate your timely consideration of this request and look forward to your approval. Please feel free to contact me at [your phone number or email] if you require any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Position, if applicable]
[Your Organization, if applicable]