TRAVEL REQUEST

This form is required for all persons who wish to travel whether or not a travel advance is requested. The original of this form must be attached to the Travel Advance Request form, if applicable, otherwise attach to the original of the travel claim before it will be processed by the Financial Services. This form should be prepared well in advance of the proposed date of travel.

TRAVEL DETAILS

In compliance with University Policy T-1, authorization is requested for use of funds (operating or research funds) to attend the following association meeting, field travel, conference, etc. If insufficient space is available please attach additional information. NOTE: If renting a vehicle, written justification must be attached in order for expense to be reimbursed.

Applicant: ____________________________ Department: ____________________________

Name of convention/meeting etc.: ____________________________

Location: ____________________________ Nature of participation: ____________________________

Other details: ____________________________

Departure date: ___ / ___ / ___ Return Date: ___ / ___ / ___

Have you applied for travel funds from sources other than the Collective Agreement pool? YES ___ NO ___

If no, why not? ____________________________

If you have applied to other sources, how much have you applied for? $ ______

SOURCES OF FUNDING

<table>
<thead>
<tr>
<th>Source</th>
<th>FOAPAL</th>
<th>Amount Requested</th>
<th>Funding Authorized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Grant</td>
<td></td>
<td>$ ______</td>
<td>$ ______ n/a</td>
</tr>
<tr>
<td>SSHRC Travel</td>
<td></td>
<td>$ ______</td>
<td>$ ______</td>
</tr>
<tr>
<td>Internal Award</td>
<td></td>
<td>$ ______</td>
<td>$ ______</td>
</tr>
<tr>
<td>Collective Agree. Pool</td>
<td>______</td>
<td>$ ______</td>
<td>$ ______</td>
</tr>
<tr>
<td>Other:</td>
<td>______</td>
<td>$ ______</td>
<td>$ ______</td>
</tr>
</tbody>
</table>

TOTAL FUNDING (should not exceed total costs above)

$ ______

REQUIRED SIGNATURES

Requested by:

Notification of grantee use of funds

Employee Signature ____________________________

Dept. Head, Dean, Associate Dean, Principal, Executive Director, Vice-President

Date ____________________________

Approval for funding from University operating funds

Date ____________________________

Distribution:

Original: with Travel Advance Form or Travel Claim

Copy 1: Dean's Office

Copy 2: Department

Copy 3: Employee