



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 Financial and Administrative Services. This form should be prepared well in advance of the proposed date of travel.

TRAVEL DETAILS

In compliance with University policy Travel-General, authorization is requested for use of funds (operating or research funds) to attend the following convention 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: _____ DD-MMM-YYYY Return Date: _____ DD-MMM-YYYY

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? \$ _____

Estimate of Travel Costs

Conf/Reg Fee	\$ _____
Transportation	\$ _____
Meals	\$ _____
Lodgings	\$ _____
Other	\$ _____
TOTAL	\$ _____

SOURCES OF FUNDING

Source	FOAPAL	Amount Requested	Funding Authorized
Research Grant	- - -	\$ _____	<u>N/A</u>
SSHRC Travel	- - -	<u>N/A</u>	\$ _____
Internal Award	- - -	\$ _____	\$ _____
Collective Agree. Pool	- - -	\$ _____	\$ _____
Other: _____	- - -	\$ _____	\$ _____
TOTAL FUNDING (should not exceed total costs above)		\$ _____	\$ _____

REQUIRED SIGNATURES

Requested by: _____

Notification of grantee use of funds

Approval for funding from University operating funds

Employee Signature

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

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

Date DD-MMM-YYYY

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Date DD-MMM-YYYY

Distribution:

Original: with Travel Advance Form or Travel Claim, Copy to each: Dean's Office, Department, and Employee