



# 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          | \$ _____        |
| <b>TOTAL</b>   | <b>\$ _____</b> |

## SOURCES OF FUNDING

| Source  | FOAPAL | Amount Requested | Funding Authorized |
|---|--------|------------------|--------------------|
| Research Grant                                      | - - -  | \$ _____         | <b>N/A</b>         |
| SSHRC Travel  | - - -  | <b>N/A</b>       | \$ _____           |
| 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

Date DD-MMM-YYYY

Date DD-MMM-YYYY

### Distribution:

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