



Travel Request Authorization Form

TRAVEL INFORMATION			
TRAVELER(S) INFORMATION	Name of Traveler(s)	Employee ID #:	Department(s):
TRIP INFORMATION	Destination(s):		
	Departure Date(s):	Return Date(s):	
	Purpose of Travel: (please attach supporting documentation)		
FUNDING INFORMATION	Total Estimated Cost:	Charge to: (i.e. org, fund, research, SPF, external funding)	

All requests should be processed within 10 working days of receipt. If more space is required, attach an additional list.

SIGNING APPROVAL			
Approved		Denied	
Signature:		Signature:	
Name:		Name:	
Title:		Title:	
Date:		Date:	
<p>**All international travel plans require pre-approval from the Provost and Vice-President of Academic or Vice-President of Finance and Administration, <u>plus</u> the traveler's one-over-one approver. All domestic travel plans require pre-approval from the traveler's one-over-one approver (i.e. Director, Executive Director, Associate Dean, Dean, Vice-President or President.)</p>			

A copy of this completed and signed form must be sent to Accounts Payable along with any travel reimbursement request related to this trip and/or to FAST PCard along with the PCard statement on which are charges related to this trip.