

TRAVEL AND PROFESSIONAL DEVELOPMENT REQUEST FORM

Please submit this form to the Department Business Administrator (DBA). **FORM MUST BE COMPLETED IN FULL**

___ Admin ___ Resident ___ Staff (Academic/Clinical) ___ Fellow

Name: _____ Date of Request: _____

CCID: _____

Meeting/Conference/Course: _____ Dates of Travel: _____

Description: _____

Are you presenting at this meeting/conference? ___ Yes ___ No

If yes, title of paper/presentation (include abstract): _____

Have you received advance leave approval? ___ Yes ___ No (attach approved leave form)

Have you submitted previous requests for travel this year? ___ Yes ___ No

Alternate sources of funding: _____

Funding requested from Department: _____

***Important:** Please refer to the requirements and maximum allowances outlined in the University Travel Policy when completing your anticipated budget (please note that these policies are to be used as guidelines only, internal department policies will also take in affect). All expenses must be accompanied by original receipts to qualify for reimbursement.*

Anticipated Expenses	Total Expenses (CAD)
Airfare	\$
Accommodations	\$
Registration	\$
Daily Mandatory Allowance	\$
Ground Transportation	\$
Mileage (0.50/km)	\$
Meals (based on per diem rate)*	\$
Total Anticipated Expenses	\$

Supervisor Signature: _____ Date: _____

Please forward Travel Request to Priya Swamy, DBA once supervisor signature has been obtained.

For Finance Approval Only	
Approved: ___ Yes ___ No	
Maximum Amount: \$ _____	Speedcode: _____
Finance Authorization: _____	Date: _____

NOTE: Request will not be reviewed unless fully complete and all required attachments are provided.

NOTE: Submission of expenses claim will ONLY be submitted after completion of travel