

TRAVEL AUTHORIZATION FORM

Name:	I	Department:				
Leaving Campus On:	I					
Purpose of Travel:	Conference (7912)	Ν	Meeting (7915)	Research (7916)		
Name of Conference or Me	Other eting etc:	F	Regional (7911)	Course Delivery (7919)		
Destination/City:		S	Start Date:	End Date:		

EXPENSES:	Fund	Org	Acct	Prog	Actv	Locn*	Currency	Est Cost
Airfare					2001			
Accommodation					2000			
Vehicle Rental					2005			
Registration					2007			
Per Diem/Meals					2002			
Taxi					2006			
Fuel					2008			
Mileage					2003			
Other					2004			
TOTAL:								

*LOCN is required for all UNBC employee travel. If you do not know your code, please contact Accounts Payable

If you are using more than one fund/org/account, please fill in the breakdown details below:

Fund	Org	Acct	Prog	Actv	Loc	Amount
Employee Nam	ne:		Signature:		Date	:
Supervisor Nar	ne:		Signature:		Date	:
Budget Holder:			Signature:		Date	:
Research Acco	ounting (if applic	able):	Signature:		Date	:

• Attach copy to MasterCard reconciliation if any expenses are charged to your credit card.

• Attach copy to travel claim or travel advance requisition when submitting to Finance.