

PART 1 (for all travel)**Approval to Travel Form** (____ Recurring ____ Occasional)

If Travelling outside of Ontario, please complete and attach the approved Part 2 form :
Out of Province/Country Travel Request

Please route form as follows:

1. Requisitioned by

Dependent Care:

Accommodation Costs:

Name:

Registration Fees:

Date(s) of Travel:

Transportation:

Place of Travel:

Meals:

Purpose:

Total:

0.00

2. (a) Supervisor

Budget Code:

Maximum amount of Total Cost
to be covered by College:

Travel authorized and costs approved

Signature:

Date:

2. (b) Acknowledge that out of Province/Country Travel Request for has been completed and attached
(if applicable)

Signature:

Date:

3. Requisitioned by:***Advance amount required (if any):***

I understand that this form does not constitute a Travel Expense Report, and further, I agree to submit a Travel Expense Report to the Accounts Payable Department within **two weeks** of the completion of this trip.

Signature:

Date:

PLEASE RETAIN A COPY OF THIS FORM AND ATTACH IT TO YOUR TRAVEL EXPENSE REPORT.

4. Accounts Payable (To be forwarded only if a Travel Advance is requested)

Please note: Requests for advances must be submitted to Accounts Payable a minimum of **two weeks** prior to the date of travel.