

**Lakehead University
Travel Authorization Form**

Name of the Traveler _____

Title _____

Department/Faculty _____

Phone # _____ E-mail: _____

Purpose of Travel _____

Destination (s) _____

Departure Date _____ Return Date: _____

Budget for the trip (Cdn \$) _____ \$

Airfare _____

Mileage (.55/km) _____

Registration Fees _____

Lodgings _____

Meals (B\$16, L\$16, D\$43) _____

Car Rental _____

Incidentals (\$17/day) _____

Other (please list) _____

Taxi _____

Parking _____

Total Cost of the Trip _____ **0.00**

Budget code to be charged _____

Authorized Signatures		
_____ Signature of Traveler	_____ Date	_____ Print Name
_____ Signing Officer if different from traveler	_____ Date	_____ Print Name
_____ Respective Vice-president or the President (If Applicable)	_____ Date	_____ Print Name

This form must accompany all requests for reimbursements