

Lakehead University Travel Authorization Form

Traveller Information

Name _____

Title _____

Department/Faculty _____

Phone Number _____ E-mail _____

Purpose of Travel _____

Destination(s) _____

Departure Date _____ Return Date _____

Budget for the Trip (in Canadian Dollars)

Airfare _____

Mileage (.55/km) _____

Registration Fees _____

Lodgings _____

Meals (Breakfast \$16, Lunch \$16, Dinner \$43) _____

Car Rental _____

Incidentals (\$17/day) _____

Taxi _____

Parking _____

Other (please list) _____

Total Cost of the Trip _____

Budget Code(s) to be Charged _____

Authorized Signatures

Signature of Traveller _____	Date _____	Name of Traveller _____
Signature of Approver _____	Date _____	Name of Approver _____
Signature Respective Vice-President or President (if applicable) _____	Date _____	Name of Vice-President or President _____

This form must accompany all requests for reimbursement.