

# 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.*