



Memorial

University of Newfoundland

TRAVEL REQUEST

This form is required for all persons who wish to travel whether or not a travel advance is requested. The original of this form must be attached to the Travel Advance Request form, if applicable, otherwise attach to the original of the travel claim before it will be processed by the Financial Services. This form should be prepared well in advance of the proposed date of travel.

TRAVEL DETAILS

In compliance with University Policy T-1, authorization is requested for use of funds (operating or research funds) to attend the following association meeting, field travel, conference, etc. If insufficient space is available please attach additional information.

Applicant: _____ Department: _____

Name of convention/meeting etc.: _____

Location: _____ Nature of participation: _____

Other details: _____

Departure date: ____ / ____ / ____ Return Date: ____ / ____ / ____

Have you applied for travel funds from sources other than the Collective Agreement pool? YES ___ NO ___

If no, why not? _____

If you have applied to other sources, how much have you applied for? \$ _____

Estimate of Travel Costs

Conf/Reg Fee	\$	_____
Transportation	\$	_____
Meals	\$	_____
Lodgings	\$	_____
Other	\$	_____
TOTAL	\$	_____

SOURCES OF FUNDING

Source	FOAPAL	Amount Requested	Funding Authorized
Research Grant _____	_____	\$ _____	n/a
SSHRC Travel _____	_____	n/a	\$ _____
Internal Award _____	_____	\$ _____	\$ _____
Collective Agree. Pool _____	_____	\$ _____	\$ _____
Other: _____	_____	\$ _____	\$ _____
TOTAL FUNDING (should not exceed total costs above)		\$ _____	\$ _____

REQUIRED SIGNATURES

Requested by:	Notification of grantee use of funds	Approval for funding from University operating funds
_____	_____	_____
Employee Signature	Dept. Head, Dean, Associate Dean, Principal, Executive Director, Vice-President	Dept. Head, Dean, Associate Dean, Principal, Executive Director, Vice-President
_____	_____	_____
Date	Date	Date

Distribution:
Original: with Travel Advance Form or Travel Claim
Copy 1: Dean's Office
Copy 2: Department
Copy 3: Employee