



## TRAVEL AUTHORIZATION FORM

Authorization to Travel on University Business is Requested as Follows: (\*Required Fields)

Name of Traveler\* \_\_\_\_\_ Employee ID #\* \_\_\_\_\_

Travel Period\*: From: \_\_\_\_\_ To: \_\_\_\_\_

Destination\* (if multiple destinations provide detail):

\_\_\_\_\_

Purpose of Travel\* \_\_\_\_\_

\_\_\_\_\_

External Funding Source (if applicable) \_\_\_\_\_ Amount \_\_\_\_\_

<b>* ADDITIONAL PERSONNEL ON TRIP</b>

Mode of transport:				UPEI VEHICLE
AIRPLANE	BUS	CAR RENTAL	PRIVATE CAR	Dept & Model

\*GL: \_\_\_\_\_ Project ID: (For Research): \_\_\_\_\_ Amount (%): \_\_\_\_\_

GL: \_\_\_\_\_ Project ID: (For Research): \_\_\_\_\_ Amount (%): \_\_\_\_\_

Signature of Traveler \_\_\_\_\_

Authorized By:

Name of Account Authority \_\_\_\_\_ Signature \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Signature \_\_\_\_\_

\*\* Required if Account Holder is not the Traveler's Supervisor or if the Account Holder is the Traveler

*Protection of Privacy - The personal information requested on this form is collected under the authority of Section 31(c) of the PEI Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of granting travel authorization. Direct any questions about this collection to Financial Services, University of Prince Edward Island, 550 University Avenue, Charlottetown PE C1A 4P3 (902)566-6000.*