



TIKINAGAN CHILD AND FAMILY SERVICES

Travel Authorization Request Form (Form P4.2-1)

EMPLOYEE – PLEASE COMPLETE (* = if necessary)

Name: _____ EE#: _____ Date: _____

Position: _____ Department: _____

Travel Dates From: _____ To: _____ Thunder Bay Transition

Departure Location	Requested Date / Time	Arrival Location	Requested Date / Time

PURPOSE/PERSONS MEETING WITH: _____

STAFF TRAVELLING: _____

* Air Transportation (Preferences): _____ = _____

*Agency Vehicle Needed Time: _____ Ticket Number : _____ = _____

*Hotel (Preference): _____ for _____ night(s) = _____

*Private Accommodations for _____ night(s) x \$ _____ / night(s) = _____

*Breakfast @ _____ /Day X _____ Day(s) = _____

*Lunch @ _____ /Day X _____ Day(s) = _____

*Supper @ _____ /Day X _____ Day(s) = _____

*Taxis = _____

*Mileage Rate \$ _____ /km X _____ Total kms = _____
Only if agency vehicle unavailable

*Gas = _____

*Incidentals / Miscellaneous = _____

RATES
Private Accom \$100 (Urban) \$150 (catchment)
Breakfast \$20
Lunch \$30
Supper \$40
Incidentals \$10 (Overnight)
KM Rate: \$0.58 (Urban) \$0.73 (catchment)

EMPLOYEE CONTACT INFORMATION – PLEASE COMPLETE

E-mail (work or other): _____

Phone (work or cell): _____

***Other Information you wish to let the travel department know:**

TOTAL COST OF TRIP: _____

CASH ADVANCE: _____
PUT \$0 OR DOLLAR AMOUNT
 If you request an advance, Travel Deduction Form must be completed

SUBMITTED BY: _____

APPROVED BY: _____

PRINT NAME: _____

CHARTER AUTHORIZED BY: _____

ACCOUNTING
CODING: _____ AMOUNT: _____ CK/DD #: _____ DATE PAID: _____ INITIALS: _____

TRAVEL DEPARTMENT

Transportation: _____ P.O. # _____

Hotel @ _____ for _____ night(s) P.O. # _____