

**ANNEX A**

**TRAVEL AUTHORIZATION FORM**

**AUTHORIZATION**

Name:	
Date Submitted:	Office Held:
Nature of Event:	
Date of Event:	
Location:	
Length of Event (Days):	
Recommendation by:	
Name:	Office Held:
Signature:	Date:
Executive Committee Approval Date:	
Signature (Branch Secretary on behalf of) Date:	

**TRAVEL EXPENSE CLAIM (OUT OF POCKET)**

**EXPENSES**

<b>Registration Fee</b> (attach receipt)	
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**Transportation**

Mode of Transportation <small>—(Bus/Rail/Air/Personal Vehicle &amp; License Plate #)</small>	Number of km X \$ Rate	Amount	Total

**Accommodation** (attach receipts)

Hotel Name	Number of Days	Daily Rate	Total

**Meals** (attach receipts)

Location	Number of Days	Daily Rate	Total

**Miscellaneous**

Item	Total
<b>Total Amount Paid</b>	

Date Submitted: \_\_\_\_\_  
 Date Approved: \_\_\_\_\_  
 Date Paid: \_\_\_\_\_

Cheque Number \_\_\_\_\_

**Notes:**

1. Travel Expense Claims must be accompanied by a completed Travel Authorization Form.
2. Expenses claimed must conform to the Schedule of Travel Rates and Allowances printed on the reverse of this form.