



INTERNATIONAL TRAVEL PRE-AUTHORIZATION REQUEST FORM

**MUST BE APPROVED BY PRESIDENT, APPROPRIATE VP
OR AVP TRU WORLD (for TRU World Business Only)**

Name	Phone	Date
Staff ID Number	Department	
Destination	Dates of Travel: From: To:	Total Estimated Cost of Travel: \$

State purpose of the travel and include appropriate documentation (e.g. program brochures, etc.). Provide a brief description of activities and locations.

Proposed source of funds (Banner Finance Fund/Org required) or details of third party funding if applicable:

Faculty/School/Division funds _____

External source of funds _____

Have you made appropriate arrangements with your Dean, Director or Administrative Head for the performance of your teaching and/or other significant responsibilities during your absence?

Yes ☐

No ☐

(TRU) collects personal information as permitted under section 26(c) of the BC *Freedom of Information and Protection of Privacy Act* (FIPPA). For the purposes of creating reservations and guaranteeing travel arrangements for international travel, your personal information is being collected and will be stored outside Canada. I understand and agree: Yes ☐ No ☐

If you have any questions, please
contact: purchasing@tru.ca

Signature of applicant _____ Date _____

Applicant and Approvers - please review Travel Policy [ADM 19-0](#) and online [Travel Handbook](#) before signing.

Approvals:

Signature	Title	Print Name	Date
Signature	Title	Print Name	Date
Signature of President, VP or AVP (TRU World Business Only)	Title	Print Name	Date

PLEASE FORWARD SCANNED FORM TO accountspayable@tru.ca FINANCE DEPARTMENT. RETAIN COPY FOR YOUR RECORDS.