KPU KWANTLEN POLYTECHNIC UNIVERSITY

Travel Request Authorization Form

TRAVEL INFORMATION			
TRAVELER(S) INFORMATION	**Name of Traveler(s)**	**Employee ID #:**	**Department(s):**
TRIP INFORMATION	**Destination(s):**		
	Departure Date(s):	**Return Date(s):**	
	Purpose of Travel: (please attach supporting documentation)		
FUNDING INFORMATION	**Total Estimated Cost:**	**Charge to:** (i.e. org, fund, research, SPF, external funding)	

All requests should be processed within 10 working days of receipt. If more space is required, attach an additional list.

SIGNING APPROVAL

☐ **Approved** ☐ **Denied**

Signature:	**Signature:**
Name:	**Name:**
Title:	**Title:** VP, Finance and Administration
Date:	**Date:**

**All international travel plans require pre-approval from the Provost and Vice-Provost of Academic or Vice-President of Finance and Administration, plus the traveler's one-over-one approver. All domestic travel plans require pre-approval from the traveler's one-over-one approver (i.e. Director, Executive Director, Associate Dean, Dean, Vice-President or President.)

A copy of this completed and signed form must be sent to Accounts Payable along with any travel reimbursement request related to this trip and/or to FAST PCard along with the PCard statement on which are charges related to this trip.