



OFFICE USE ONLY	Travel Auth #: _____
HQC approval: _____	Date form received: _____

Pre-Expense Authorization Form

To be used for expenses incurred by PFAs and SCPOR Trainees

First and Last Name: _____

Address: _____

Email Address and Phone Number: _____

Mtg/Event Name: _____	Project Name: _____
Mtg/Event Date: _____	Project Budget Code: _____
Start and end time: _____	

	Estimated Cost (in CDN \$)	Accounting Use Only Actual Cost
TRANSPORTATION		
Mileage		
Travel from (city): _____ Travel to (city): _____		
Total kms (round trip) _____ @ \$0.4535 /km = _____ -		
ACCOMMODATIONS		
_____ @ _____ Est. daily rate = _____ -		
# of Nights required _____		
Confirmation #: _____		
Hotel Name: _____		
Hotel Address: _____		
Phone Number: _____		
Accommodations to be booked by: _____		
MEALS (flat rate, receipts not required):		
Please indicate* how many meals will be required		
Travel within SK	# of Breakfast _____ × \$8 <i>depart before 7AM</i>	_____ -
	# of Lunch _____ × \$14	_____ -
	# of Supper _____ × \$19 <i>return after 7PM</i>	_____ -
Travel outside SK	# of Breakfast _____ × \$11 <i>depart before 7AM</i>	_____ -
	# of Lunch _____ × \$16	_____ -
	# of Supper _____ × \$24 <i>return after 7PM</i>	_____ -
Other (e.g., parking, taxis, childcare - Receipts required with a completed and signed Expense Claim Form)		
Please indicate estimated allowable	Description: _____	Estimated Cost: _____
	Parking: _____	_____
	Taxis: _____	_____
	Other (specify): _____	_____
	_____	\$ _____ -

Meeting Facilitator/Principal Investigator:

Signature

Date

Air Travel Pre-Authorization

Travel Details (to be filled out by the Meeting Facilitator or SCPOR Trainee)

Departure Date: _____ Return Date: _____
 Departure Time: _____
 Must arrive by _____ Earliest time available
 (Date/time): _____ to fly home _____

**Estimated Cost
(in CDN \$)**

Departure Flights

Travel From (city): _____ Travel to (city): _____
 Baggage cost: _____
 Flight Cost: _____

Return Flights

Travel From (city): _____ Travel to (city): _____
 Baggage cost: _____
 Flight Cost: _____

Total estimated air travel costs \$ _____ -

Does the PFA/SCPOR Trainee require any special accommodations during travel?

OFFICE USE ONLY

- Original form: copy of itinerary attached, copy of hotel booking confirmation
- Additional copies for accounting:
 - Copy of form with itinerary attached to this form
 - Copy of form with accommodations information attached to this form