

Out-of-Province Travel Authorization Form

- Employees <u>must</u> have appropriate authorization before travel occurs.
- Employees must send in travel authorization at least 2 weeks prior to travel.
- Claims for expenses to be submitted directly after returning from travel.

T	
Name	
Purpose of Travel	
Benefit to your work and/or Performance Plans at Health PEI	
Estimate of Travel Costs	 Covered by the Health PEI Covered by External Parties Number of days away from the office
Total number of participants attending	
APPROVED BY	
Divisional Chief Signature	SIGNATURE DATE

Instructions: EMPLOYEE MUST COMPLETE PART 1 OF THE FORM AND HAVE APPROPRIATE

AUTHORIZATION AT LEAST TWO WEEKS IN ADVANCE OF THE WEEK OF TRAVEL BEFORE

TRAVEL OCCURS AND/OR ADVANCES ISSUED

PART 1									
EMPLOYEE NAME:									
	T	T							
TRAVEL BEGINS:	TRAVEL ENDS:	WORKSITE	UNION						
TRAVELING TO:									
	PURPOSE OF TRAVEL:	Business	Educational						
PURPOSE OF TRAVEL:									
Are other Health PEI employees	Ith PEI employees If Yes, provide names of the other employees								
planning to attend this meeting/ conference. YESNO									
tomereneer resno	ESTIMATE OF TRA	VEL COSTS							
ITEM			ation/Dataile						
	AMOUNT	Description/Details							
1. REGISTRATION									
2. AIRFARE									
3. GROUND TRANSPORT (Taxi, Tolls, Bridge, Kms.)									
4. LODGING									
5. MEALS									
6. INCIDENTALS (Please specify)									
7. TOTAL ESTIMATE									
AMOUNT OF ADVANCE									
AUTHORIZATION TO TRAVE	EL (Signature Required)	EXPENSES PAID BY EXTERNAL PARTY:YesNo							
Manager:		If Yes, Who?							
	Date								
Director:	Date								
		If Yes, Amount of Expense	s to be Paid by Third Party						
Executive Director:	Date	\$							
Hoolth BELCEO:									
Health PEI-CEO:	Date	YTD No. of OOP Business Days Approved for Travel in FY							
Minister:		YTD No. of OOP Conferen	 ces Attended in FY						
(International Travel)	Date								

PART 2:	OOP TRAV	EL EXPENSE C	LAIM	(must k	e accompan	ied by com	pleted Part 1)	
A. De	tails of Expen	ses Incurred a	nd Cl	aimed (to be comple	ted upon re	turn)		
DATE	REGISTRATION	AIRFARE	TRAN	ISPORT	LODGING	M EALS	INCIDENTALS	DETAILS (include vendor	nam e)
B. Detai	ls of Private	Vehicle Usage	(if app	plicable)	•				
DA	DATE FI				то	KMS		¢/км	\$
(Transfer t	otal \$ Costs to	"Transport" ui	nder P	art 2(a)	of expenses ir	ncurred and	claimed:	TOTAL	\$
c. SUMI	MARY OF COS	STS AND AMO	UNT T	O BE R	EIMBURSED	(to be comp	leted upon ret	:urn)	
					ACCOUNT CODE (Service/Site/Primary/Secondary/Program)				
1. REGIST	RATION			\$					
2. AIRFAI	RE								
3. TRANS	PORT								
4. LODG	NG								
5. MEALS									
6. INCIDE	NTALS								
7. TOTAL									
8. ADVAN	ICE RECEIVED	1							
9. EXPEN	SES PAID BY	HPEI							
10. REIME	BURSEMENT	FROM 3 RD PAI	RTY						
				l	AMOUNT PA	AYABLE = 7-	8-9-10		
to EMPLOYEE						to HEALTH PEI			
\$						\$			
		account of tra h PEI business		penses	is correct in	all respects	and that all	expenses reported we	ere necessarily
)ate	Employ	vee's Signature	<u> </u>			ate	Annrove	d hy	