

- Employees **must** 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.

*** NOTE: NO HAND WRITTEN OOP TRAVEL FORM WILL BE ACCEPTED - TYPE WRITTEN ONLY AND ALL SPACES FILLED OUT AS SHOWN BELOW.

Name	<i>Enter name</i>
Purpose of Travel	<i>In a sentence state the purpose of travel.</i>
Benefit to your work and/or Performance Plans at Health PEI	<i>In a couple of sentences state how this travel benefits your position and aligns with your performance plans (please stay with the box).</i>
Estimate of Travel Costs	<ul style="list-style-type: none"> • Covered by the Health PEI <i>Enter total covered by HPEI</i> • Covered by External Parties <i>Enter total covered by external parties ie PSGIP, union</i> • Number of days away from the office <i>Enter total days away from office</i>
Total number of participants attending	<i>Enter total number HPEI participants attending.</i>
APPROVED BY	
Chief Operating Officer	<div style="display: flex; justify-content: space-between;"> <div>_____ SIGNATURE</div> <div>_____ DATE</div> </div>

HEALTH PEI

OUT OF PROVINCE TRAVEL AUTHORIZATION & EXPENSE CLAIM

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: <i>"Insert Name of Traveler"</i>		
TRAVEL BEGINS: <i>"Insert first date of travel"</i>	TRAVEL ENDS: <i>"Insert last date of travel"</i>	WORKSITE <i>"Insert home worksite" ie QEH Unit 3</i>
TRAVELING TO: <i>"insert city and province"</i>	PURPOSE OF TRAVEL: <input type="checkbox"/> Business <input type="checkbox"/> Educational <i>"Insert 'X' to show purpose for travel"</i>	
PURPOSE OF TRAVEL: <i>"Insert reason for travel ie name of conference, site visit etc."</i> <i>Please note: You are also required add a short explanation as to why you need to travel which is on the OOP authorization form. ie: is there a virtual component you can attend, how will this help your position, to obtain required credits for licenses.</i>		
Are other Health PEI employees planning to attend this meeting/conference. YES <input type="checkbox"/> NO <input type="checkbox"/> <i>"insert 'X' where applicable"</i>	If Yes, provide names of the other employees <i>"Name all employees that will be attending the same conference whether in your unit or other units as these should all be submitted at the same time if info is know by employee as not always aware"</i>	
ESTIMATE OF TRAVEL COSTS (All spaces should be filled out in this section)		
ITEM	AMOUNT	Description/Details
Please note: Amounts for ALL ITEMS are required to be stated even if being paid for by a third party		
1. REGISTRATION	<i>"Insert total amount of registration even if being paid for externally. Insert \$0 or N/A if no registration cost"</i>	<i>"Insert name of conference and/or whether HPEI or name of external party covering the cost. Agenda is to ALWAYS be attached and readable."</i>
2. AIRFARE <i>Insert estimated total cost of airfare if paid by HPEI. If externally paid, insert \$0 or N/A.</i>	<i>Insert total costs stated for ground transport. If paid for externally insert \$0 or N/A</i>	<i>"Insert what the cost covers and/or whether HPEI or name of external party covering cost"</i>
3. GROUND TRANSPORT (Taxi, Tolls, Bridge, Kms.)	<i>"Insert total cost for lodging or insert \$0 or N/A if not requiring lodging or sharing a room that some else is claiming"</i>	<i>"Insert breakdown of costs under ground transport to show individual costs ie total for taxi and total for bridge, total for Kms"</i>
4. LODGING <i>"If sharing a room only 1 person needs to claims. Please make sure you note this on the form"</i>	<i>Insert cost of meals required for full travel. If paid for externally insert \$0 or N/A. ie. \$140.00"</i>	<i>"insert name of lodging and name of person sharing the room or name of person claiming the room if you are not claiming"</i>
5. MEALS	<i>"The total daily rate is \$50 claimed for full day travel. The breakdown is Breakfast \$10, Lunch \$15, Supper \$25 and should be show as such to what is required. Agenda is required to show whether meals have been provided. ie Breakfast X2(20) lunch X3(45) SupperX3(75)"</i>	
6. INCIDENTALS (Please specify)	<i>"Insert cost expected or add \$0 or N/A"</i>	<i>Entitled to \$5/day and not receipts required.</i>
7. TOTAL ESTIMATE	<i>"Insert total cost of 1-6 travel estimate" ie \$1500.00</i>	<i>"Insert breakdown of how the cost will be paid" ie \$600 covered by IUOE. \$900 to be covered by Health PEI."</i>
AMOUNT OF ADVANCE	<i>"Insert requested amount or N/A"</i>	<i>"Insert reason for request. This does not include registration or airfare. Advance is not released till 10 days prior to travel and minimum of \$100.00 is required."</i>

AUTHORIZATION TO TRAVEL (Signature Required)		EXPENSES PAID BY EXTERNAL PARTY: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Manager/Director: _____	_____	If Yes, Who? <i>"Please do not forget to fill out this part.... Insert an 'X' for where applicable in the grey part above and insert a breakdown of who will be paying the cost and amount being paid by each"</i>
	Date	
ED Dir/Chief: _____	_____	
	Date	
Health PEI-CEO: _____	_____	If Yes, Amount of Expenses to be Paid by Third Party \$ <i>"Insert total being paid by external parties"</i> <i>ie 1000.00 from IUOE & 500.00 from name of external party</i>
Minister: _____	_____	<i>"Insert totals to date prior to this request where applicable"</i> YTD No. of OOP Business Days Approved for Travel in FY _____ YTD No. of OOP Conferences Attended in FY _____
(International Travel Only)	Date	
<i>If Initials are required please add them here to the bottom of page or to the side of page make sure they are noticeable.</i>		

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PART 2: OOP TRAVEL EXPENSE CLAIM (must be accompanied by completed Part 1)

2 A. Details of Expenses Incurred and Claimed (to be completed upon return)

DATE	REGISTRATION	AIRFARE	TRANSPORT	LODGING	MEALS	INCIDENTALS	DETAILS (include vendor name)
<i>"All columns are to be broken down into the exact costs per day as stated in each column heading and include the purpose/vendors name under the details"</i>							
PART 2 IS TO BE COMPLETED UPON RETURN OF TRAVEL WITH ALL RECIEPTS ATTACHED AND APPLICABLE CODES ADDED FOR EACH EXPENDITURE. EMPLOYEE MUST SIGN AND DATE. MANAGER MUST SIGN AND DATE AND SEND TO ACCOUNTS PAYABLE FOR PROCESSING.							
REMINDER: WHEN THERE IS EXTERNAL OR 3RD PARTY COVERAGE PART 2 WILL STILL NEED TO BE COMPLETED, CODED, SIGNED AND SENT TO ACCOUNTS PAYABLE FOR PROCESSING EVEN IF THERE IS NO REIMBURSEMENT.							

2 B. Details of Private Vehicle Usage (if applicable)

DATE	FROM	TO	KMS	¢/KM	\$
<i>"Insert the daily breakdown of the private car usage in the columns by date as stated above when applicable and insert total at bottom"</i>					
(Transfer total \$ Costs to "Transport" under Part 2(a) of expenses incurred and claimed:				TOTAL	\$ <i>Insert total</i>

2 C. SUMMARY OF COSTS AND AMOUNT TO BE REIMBURSED (to be completed upon return)

<i>"Insert totals for each line (1-6) below and add the total in line 7. For out of Country travel a copy of the credit card statement will be required."</i>		ACCOUNT CODE (Service/Site/Primary/Secondary/Program) <i>"Insert full account codes for each line as all have different account codes as shown in Appendix B of the out of province travel policy"</i>
1. REGISTRATION		<i>le 1.0004.303.711100000.6154000</i>
2. AIRFARE		<i>le 1.0004.303.711100000.6241420</i>
3. TRANSPORT		
4. LODGING		
5. MEALS		
6. INCIDENTALS		
7. TOTAL		
8. ADVANCE RECEIVED		
9. EXPENSES PAID BY HPEI		
10. REIMBURSEMENT FROM 3RD PARTY		
AMOUNT PAYABLE = 7-8-9-10		
to EMPLOYEE		to HEALTH PEI
\$ <i>"insert total that is required to be paid back to employee"</i>		\$ <i>"insert total that is required to be paid back to Health PEI"</i>

I certify that the above account of travel expenses is correct in all respects and that all expenses reported were necessarily incurred on official Health PEI business.

Date

Employee's Signature

Date

Approved by