

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:			
TRAVEL BEGINS:	TRAVEL ENDS:	WORKSITE	UNION
TRAVELING TO:	PURPOSE OF TRAVEL: _____ Business _____ Educational		
PURPOSE OF TRAVEL:			
Are other Health PEI employees planning to attend this meeting/conference. YES _____ NO _____	If Yes, provide names of the other employees		
ESTIMATE OF TRAVEL COSTS			
ITEM	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 TRAVEL (Signature Required)		EXPENSES PAID BY EXTERNAL PARTY: _____ Yes _____ No	
Manager: _____	_____	If Yes, Who?	
	Date		
Director: _____	_____	If Yes, Amount of Expenses to be Paid by Third Party	
	Date		
Executive Director: _____	_____	\$ _____	
	Date		
Health PEI-CEO: _____	_____	YTD No. of OOP Business Days Approved for Travel in FY _____	
	Date		
Minister: (International Travel)	_____	YTD No. of OOP Conferences Attended in FY _____	
	Date		

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)

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

DATE	FROM	TO	KMS	¢/KM	\$
(Transfer total \$ Costs to "Transport" under Part 2(a) of expenses incurred and claimed:				TOTAL	\$

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

		ACCOUNT CODE (Service/Site/Primary/Secondary/Program)
1. REGISTRATION	\$	
2. AIRFARE		
3. TRANSPORT		
4. LODGING		
5. MEALS		
6. INCIDENTALS		
7. TOTAL		
8. ADVANCE RECEIVED		
9. EXPENSES PAID BY HPEI		
10. REIMBURSEMENT FROM 3 RD PARTY		
AMOUNT PAYABLE = 7-8-9-10		
to EMPLOYEE		to HEALTH PEI
\$		\$

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