

## BUSINESS TRAVEL REQUEST FORM

**Date:**

**Section 1: Requestor's Information** (fill out this section only if you are completing the form on behalf of the applicant)

Name: \_\_\_\_\_ Department/Faculty: \_\_\_\_\_ Email: \_\_\_\_\_

**Section 2: Applicant's Information**

Name: \_\_\_\_\_ Department/Faculty: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have a valid GHIP # (Government Health Insurance Plan): Yes      No

**Section 3: Business Travel Details**

Departure Date	Return Date	Country/City	Total Duration
<b>Total Number of Days:</b>			

**Section 4: Event/Conference/Activity Information**

1. Name of the event/conference/activity: \_\_\_\_\_
2. Activity/event type:
  - a. Travel within Ontario:      **Conference**      **Workshop**      **Course/Professional Development**
  - b. Travel Out-of-Province:      **Conference**      **Workshop**      **Course/Professional Development**      **Partnership Meeting**      **Board Meeting**      **Other**
3. Please indicate if you will be:      **Presenting**      **Attending**      **Other**
4. Detail how the event/activity relates to your role at Humber. Faculty: indicate how classes will be covered, if applicable.

**Section 5: Funding Requirements (identify all costs and indicate total estimate):**

For expense reimbursement procedures please visit: [https://humber.ca/legal-and-risk-management/assets/files/pdfs/general\\_admission\\_pdfs/expense-reimbursementprocedurerMay13-13-FINAL-s.pdf](https://humber.ca/legal-and-risk-management/assets/files/pdfs/general_admission_pdfs/expense-reimbursementprocedurerMay13-13-FINAL-s.pdf)

Conference Registrations:	\$	Airfare:	\$
Hotel(s):	\$	Meals:	\$
Car Rental:	\$	Taxi/Transfers:	\$
<b>Other:</b>	<b>\$</b>	<b>Total Estimated Cost:</b>	<b>\$</b>

**Section 6: Approvals/Signatures** (submit form to the attention of the Executive Assistant, Office of the Vice-President for signature)

**Signature of the Dean/Associate Dean or Director**

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Senior/Vice President's Signature**

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Note: If you are travelling out of province, travel insurance will be arranged on your behalf.**