THE Michener INSTITUTE of Education at UHN®

Travel Approval Form (Multiple Travellers)

Traveller's Information	Name	Program

Department: _____

Date of Meeting or Conferences : _____

Description of Event: _____

Meeting Place Held: _____

Departure Date: _____ **Return Date:** _____

Requirements: ☐ **Hotel** ☐ **Car** ☐ **Other:** _____

Special instructions: _____

_____

AUTHORIZATION

Requested by: _____ **Date:** _____

Approved by: _____ **Date:** _____

Approval Signature: _____

Charge to: _____

(DEPT#)-(GL ACCOUNT #)-(PROJECT/COURSE#)