



Request for Authority to Travel

Name: _____ PSAC ID: _____
 Address: _____ Province: _____ Local: _____
 City: _____ Postal Code: _____
 Email address: _____
 Place of Travel/Meeting including address: _____

Purpose of Travel/Meeting: _____
 Date of Travel/Meeting: _____
 Time of travel: Left at: _____ Arrived at: _____
 Time of event/meeting: From: _____ To: _____

Transportation:

**Airfare _____
 **Taxi (tip max 20%) _____ \$ - Unionized taxi
 Kilometres _____
Travel by personal automobile must be pre-approved
 KM Rate #N/A \$ -
 **Parking _____
 Notes: _____
 **Other (max tip 20%) _____
 Total \$ -

Accommodation:

**Hotels	Dates	# nights	Amount
Total			\$ -

Per Diems:

	PROVINCES #	YK #	NWT #	NUNAVUT #		
Breakfast					\$ -	Provide dates: _____
Lunch					\$ -	Provide dates: _____
Dinner					\$ -	Provide dates: _____
Incidentals					\$ -	Provide dates: _____
Total					\$ -	

Family Care:

Estimated Loss of Salary:

Applicable Rate	Hrs	Hourly Rate
	0.00	\$ -
Minimum Rate	0.00	\$ 38.00
Total		\$ -

Estimated Total: \$ -

Employee/Member Signature _____ Advance: \$ -

Date _____ *Please allow 5 working days if requesting advance.:*

Recommended by _____

Approved by _____

Copy of WE Travel itinerary is required for travel, and for pre-approval to use personal automobile.

Submit your advance request, to:
UNEFinDept@une-sen.org