



TRAVEL AUTHORIZATION FORM

Name of Traveller _____

Title _____ Phone # _____

Department/Faculty _____

Name of Business Officer _____ Phone # _____

Destination(s) _____

Departure Date _____ Return Date _____

Total Cost of Trip (including all taxes) \$ _____

BUSINESS OFFICER MUST CHECK OFF ONE OF THE FOLLOWING PAYMENT OPTIONS.

A. Please process travel invoice(s) through Procurement Services

G/L No. _____ **Commitment Fund Centre No.** _____

Cost Centre/Internal Order No. _____ **Fund No.** _____

(PLEASE ENSURE COMPLETE FIS INFORMATION IS PROVIDED)

B. Department Business Officer will process travel invoice(s)

MANDATORY: TRAVEL ARRANGEMENTS WILL NOT BE FILLED BY AVENUE TRAVEL WITHOUT THE FOLLOWING INFORMATION

AUTHORIZED SIGNATURE _____

PRINT NAME _____

TITLE _____

ONE-UP AUTHORIZATION IS REQUIRED IN ORDER TO REQUEST TRAVEL ARRANGEMENTS. FOR PROPER BILLING AND TICKET ISSUE, PLEASE ENSURE ALL FIELDS ARE FILLED OUT COMPLETELY.

NOTE: Please fax authorization form(s) to: (416) 789-2170