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| Travel Request Form | C:\Users\mzeuch\Desktop\Concordia_University_of_Edmonton_logo_Feb_2016.png |

# Please check:

# ( ) **International Travel**: Please submit to VP International and Research ( ) **Domestic Travel**: Please submit to the President

**Contact Information**

Name:

Department:

Contact (extension, email):

|  |  |
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| The conference/travel is the week of [Select Start Date] - [Select End Date], please provide organization’s/ university name and destination |  |
| Please provide objectives of this conference/travel |  |
| Please specify preliminary cost (travel, accommodation, registration etc.) |  |
| Has this trip been budgeted for? (Yes or No). Please provide the account number(s).  |  |
| Signature of applicant (and date requested) |  |
| BCO ApprovalName and signature of Budget Control Officer |  |
| Approval and dateBy VP International & Research (if travel is international) |  |
| **Approval and date****By CUE President** |    |