

P.O. Number:

Purchase Order

TRAVEL REQUEST/AUTHORIZATION

(To be completed when Duty Travel is requested)

The following number must appear on all related correspondence:

		(ie School/day/	month/year/	time) (SF	HAPE/13/0	1/2002/1200)	
		E COMPLETE		~			
\rightarrow T	O D	OCBA 5/DEM FO	OR APPROV	AL (ON	E REQUE	ST PER TRIF	')
Name:							
Justification							
For Travel:							
		EST	TIMATED I	EXPENS	ES:		
Date						Total Cost €	Total Cost \$ CDN
Meals							
Incidentals							
Lodging							
Transportation	1. Actual Airline tickets cost OSAP 300.04.12 ANNEX A COMPLETED FOR AIR TRAVEL 2. Car rental (including Insurances) 3. PMV – the kilometric rate applicable to the country of registration of the vehicle. 4. Other transportation (Specify):						
Other Expenses:	1.						
(specify)	2.						
	3.						
	4.						
	T	OTAL ESTIMA htt				IAN FUNDS achform.htm:	\$
Name of Occasional Teacher D						Date:	
(if required) Teacher's report complete: (Signature)						Date:	

FINANCIAL CODES -	Cost centre 2286AF Fund C134						
AFNORTH - Principal TD	GL 2149 Internal Order GRC0000B3277						
AFNORTH - Guidance Counsellor TD	GL 2149 Internal Order GRC0000B3243						
AFNORTH - Field Trip (OSAP 2300.00)	GL 2149 Internal Order GRC0000B3275						
SHAPE – Principal TD	GL2149 Internal Order GRC0000B3266						
SHAPE – Field Trip (OSAP 2300.00)	GL 2149 Internal Order GRC0000B3264						
Dep Ed Sp C - Staff TD	GL2149 Internal .Order GRC0000B3242						
Moving to/from Europe	GL2109 Internal .Order GRC0000B3235						
House Hunting Trip	GL2109 Internal .Order GRC0000B3235						
House Inspection Trip	GL2109 Internal .Order GRC0000B3235						
	GL Internal .Order GRC0000B						
	GL Internal .Order GRC0000B						
Recommended by:	Date:						
APPROVAL DCBA 5/DEM							
☐ Approved	☐ Not approved						
DCBA 5/DEM	Date						
Recorded by DCBA 5-2 Initials	Date:						