

Please contact accountspayable@durhamcollege.ca if you require assistance to complete this form.

Please Note: This form is to be completed per individual for travel that exceeds a distance of 200km – one way, from the residing campus or requires an overnight stay.

First Name: _____ Last Name: _____

Department: _____ Status: _____

Telephone Number: _____

Name of Destination (city, country): _____

Departure Date: _____ Return Date: _____

Is the trip extended for personal reasons? _____ If yes, provide dates:

Personal Dates: From: _____ To: _____

Have you checked Travel Advisory warnings? _____

Location(s) of Business/Educational Travel:
(if more than one country – list city and dates for each destination)

Business purpose for this travel event:

Traveler	
Signature:	Date (yyyy-mm-dd)

Approximate Travel Costs

Travel Method:	Class:			
If travelling by personal car: Approx. km (Mileage rate @.40/km)				
Accommodations:	per night x	nights		
Meal Expenses:	Included in conference:			
	Excluded	breakfast	x	Cdn/US
		lunch	x	Cdn/US
		dinner	x	Cdn/US
Car Rental Required:	If yes, approximate cost:			
If yes, provide justification:				
Using a Durham College assigned smartphone? i.e. iPhone or Blackberry				
If yes, have you contacted IT services to obtain an out-of-country roaming package?				
Please Note: It is the individual's responsibility to ensure a data roaming and/or long-distance package has been purchased through IT Services prior to leaving. Any charges incurred above the regular monthly rate may be charged to the individual.				
Other Incidentals:				
Provide a brief description:				
Total Estimated Travel Costs:				
Registration / Conference Fees (if applicable):				

I acknowledge I have read and understand the institution's "Business Expense Reimbursement Policy & Procedure"

Approvals

Manager Approval	
Signature:	Date (yyyy-mm-dd)
Director Approval	
Signature:	Date (yyyy-mm-dd)
AVP Approval	
Signature:	Date (yyyy-mm-dd)
VP Approval (Out of Province)	
Signature:	Date (yyyy-mm-dd)
President Approval (Out of North America)	
Signature:	Date (yyyy-mm-dd)
Submit this form to:	<ul style="list-style-type: none"> - Original – Accounting (attached to initial travel expense reimbursement) - Copy – Insurance and Risk Management office (for out of province travel only) <p>Please allow 7 business days to process this application</p>

Notice of Collection: In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act, 1990, the personal information collected on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and may be used and/or disclosed for review and approval of business travel expenses and reporting. Your personal information may also be used for various administrative, statistical and/or research purposes of the College and/or ministries and agencies of the Government of Ontario and the Government of Canada. If you have any questions about the collection, use and disclosure of your personal information by the College, please contact the Freedom of Information and Protection of Privacy Coordinator, 2000 Simcoe Street North, Oshawa, ON, L1G 0C5, 905.721.2000 ext. 3292.