

TRAVEL PRE-APPROVAL AUTHORIZATION

**Name of individual traveling:** Click here to enter text. **Submitted by:** Click here to enter text.

**Destination & reason for travel:** Click here to enter text.

**Travel dates (inclusive of dates away from WCH):**

**From:** Click here to enter text. **To:** Click here to enter text.

**Estimated cost of trip:** Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Supporting documents**  | **Estimate** | **Provided** |
|   |  | **□** |
|  |  | **□** |
|  |  | **□** |
|  |  | **□** |

**Cost centre:** Click here to enter text.

**Amount allocated for travel in grant budget:** Click here to enter text.

 **Date:** Click here to enter text.

Signature of cost centre holder

Please return the completed form to Stanley Nyenya by email (Stanley.nyenya@wchospital.ca). The approved form is to be attached to the travel expense claim.

|  |
| --- |
| **Finance approval (administrative use only)** |
| **Budget** |  |
| **Eligibility**  |  |

For administrative use only:

Vice President travel pre-approval authorization

Rulan Parekh, Vice-President, Academics

Date