



Travel Request Form

Version: October 2023

Name:		Position Title:		Type of Position: <input type="checkbox"/> Permanent <input type="checkbox"/> Perm Part-Time		<input type="checkbox"/> Secondment <input type="checkbox"/> Term		
Department and/or Unit:			Office Address:			Telephone #:		
Details / Reason for Request: Description:								
Location:								
Dates:								
Flights Hotels Meals Incidentals Other Note: Total travels costs will be reimbursed: ____ Yes; by _____ ____ No; Sask DLC paid Estimated Total Cost* \$ 0.00								
Employee Signature				Date				
Immediate Supervisor: <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended Comment:								
Supervisor Signature				Date				
Director	Executive Director	Vice President / Superintendent	Chief Executive Officer	Minister				
<input type="checkbox"/> Approved / Recommended <input type="checkbox"/> Declined	<input type="checkbox"/> Not Required <input type="checkbox"/> Approved / Recommended <input type="checkbox"/> Declined	<input type="checkbox"/> Not Required <input type="checkbox"/> Approved / Recommended <input type="checkbox"/> Declined	<input type="checkbox"/> Not Required <input type="checkbox"/> Approved / Recommended <input type="checkbox"/> Declined	<input type="checkbox"/> Not Required <input type="checkbox"/> Approved <input type="checkbox"/> Declined				
Date:	Date:	Date	Date:	Date:				
Signature	Signature	Signature	Signature	Signature				

*Claims for reimbursement to employees are to be made with an Expense Form or other prescribed form and supported by receipts/invoices.