



Travel Request Form

Version: October 2023

Name:		Position Title:		Type of Position:	
				<input type="checkbox"/> Permanent <input type="checkbox"/> Secondment <input type="checkbox"/> Perm Part-Time <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.