



200-330 Chief Alex Thomas Way
 Kamloops, BC V2H 1H1
 Phone: (250) 828-9721
 Fax: (250) 828-8833
 Toll Free: (855) 828-9700

Travel Support Advance

Date: _____ Name: _____

Please indicate what you are requesting travel support for:

Professional Development Moving Expenses Holiday Travel

Professional Development

Date(s) of Conference/Workshop: _____
 Location of Conference/Workshop: _____
 Purpose of Conference/Workshop: _____
 Latest Date Advance Required by: _____

Accommodation Rates: (for Professional Development only)

Summer Rates (May 1 – Sept 30) Maximum of \$95.00 per night (taxes included)
 Winter Rates (Oct 1 – April 30) Maximum of \$70.00 per night (taxes included)

In the event of accommodation at a private residence, students may claim \$20.00 per night for miscellaneous hospitality.

Number of Nights _____ X \$ _____ = \$ _____

Meals: (for Professional Development only)

Breakfast Only	_____	X	\$	10.00	=	\$	_____
Lunch Only	_____	X	\$	15.00	=	\$	_____
Dinner Only	_____	X	\$	25.00	=	\$	_____

Mileage:

Number of Km	_____	X	\$.52	=	\$	_____
Ferry	_____				=	\$	_____
Taxi	_____	X	\$		=	\$	_____

Total Amount Requested = \$ _____

Total Amount Approved = \$ _____

I certify that the amounts in this claim will be incurred for the purpose stated. I understand this is an advance only and that it is my responsibility to file a proper travel claim. Should I fail to file a claim within 14 days I authorize the TteS Post-Secondary Education Department to deduct this advance from my living allowance.

_____ Signature of Requestor	_____ Approved by	_____ Date
_____ Information confirmed by	_____ Approved by	_____ Date