

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	e:					
lease indicate what you are re	questing tr	avel s	upport	for:					
Professional Developm	ent 🗆		Мо	ving Expens	es			Holiday Travel	
Professional Development									
Date(s) of Conference/Worksh	nop:								_
ocation of Conference/Works	shop:								=
Purpose of Conference/Works	shop:	_							_
atest Date Advance Required	by:								_
Accommodation Rates: (for Primmer Rates (May 1 – Sept 30)	)) Maximun	n of \$9	95.00 p	er night (tax					
/inter Rates (Oct 1 – April 30)	Maximum d	of \$70	.00 per	night (taxes	sino	cluded	)		
n the event of accommodation ospitality.	·			udents may	cla	ım \$20	).00 pe	r night for miscellan	eous
Number of Nights		X \$				- =	\$		
Meals: (for Professional Devel	opment on	ly)							
Breakfast Only		Х	\$	10.00	=	\$			
Lunch Only		_ X	\$	15.00	=	\$			
Dinner Only		_ X	\$	25.00	=	\$			
Mileage:									
Number of Km		_ X	\$	.52	=	\$			
Ferry			. —	.52		\$			
Гахі <u> </u>		_ X	\$ <u> </u>		=	<u>\$</u>			
	Total Amount Requested = \$								
	otal Ai	ıl Amount Approved = \$							
certify that the amounts in this claim vesponsibility to file a proper travel clai to deduct this advance from my living a	m. Should I fa							•	-
Signature of Requestor		Apı	Approved by					Date	
Information confirmed by		Approved by						Date	