



**BRANDON
UNIVERSITY**

HEALTH STUDIES

Faculty of Health Studies – Travel Authorization

Name:

Department:

Travel Information (all information in this section is required):

Purpose of Travel (Name of conference, activity, etc.):

Departure Date:

Return Date:

Trip Destination:

Budget Code (PDA, Research, Departmental):

Approximate expenses:

Signature:

Date:

*Expense must occur during the current fiscal year (April 1 to March 31)

***This form is to be sent to the Dean of Health Studies Office or e-mailed directly to mcfarlinm@brandonu.ca.*

Office use only:

Approved Declined Date: