

TRAVEL AUTHORIZATION

FOR NWT HC EMPLOYEE TRAVEL Fully Funded by a Third Party

1.0 General Information

Name of Traveller	Employee ID	Department	Phone No.	No. of Days
Location	Purpose of Travel (be specific)			

Travel Funded by (name of Third Party) _____

Complete Travel Itinerary (Include Return Trip)

Date MM/DD/YY	Times(24H)		Location			Transportation		Accommodation
	Depart	Arrive	From	VIA	To	Mode / Class	Airline (if applicable)	Name of Hotel

2.0 Traveller's Acknowledgement

I acknowledge and accept the current Terms and Conditions of the GNWT Travel Policy (FAM 2001).

Requester	Approver
_____	_____
Signature	Date (MM/DD/YY)
_____	_____
Signature	Date (MM/DD/YY)