

TRAVEL AUTHORIZATION

FOR NWT HC EMPLOYEE TRAVEL Emergency Travel

1.0 General Information

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

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)