



TRAVEL AUTHORIZATION & EXPENSE CLAIM FOR NON GNWT/NWTHC EMPLOYEES

INV # _____

1.0 General Information

Name of Traveller	Department	Location
NO. of Days	Purpose of Travel (Be specific)	
Phone NO.	Region	Division/Section

Complete Travel Itinerary (Include Return Trip, complete Travel and Accommodation Warrant sections if they are used.)

Date MM/DD/YY	Times (24H)		Location (ABBR.)			Transportation			Accommodation			
	Depart	Arrive	From	VIA	To	Mode/Class	Warrant#	Cost \$	Name of Hotel	Warrant #	Cost \$	
1. Total Transportation Cost									2. Total Accommodation Cost			

2.0 Other Expenses and Total Estimated

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Meals and Incidental:</td><td style="width: 50px;"></td></tr> <tr><td>Other:</td><td></td></tr> <tr><td>Other:</td><td></td></tr> <tr><td style="text-align: right;">3. Total Other Expense</td><td style="border: 1px solid black;"></td></tr> <tr><td style="text-align: right;">Total estimated Travel cost (1+2+3)</td><td style="border: 1px solid black;"></td></tr> </table> <p>Justification for non-standard Items/Personal travel (Include Dates/Times Begins and Ends)</p> <div style="border: 1px solid black; height: 20px; width: 50%; margin-top: 5px;"></div>	Meals and Incidental:		Other:		Other:		3. Total Other Expense		Total estimated Travel cost (1+2+3)		<p>Vehicle Rental Requested by: <input type="checkbox"/> Traveller <input type="checkbox"/> Employer</p> <p style="margin-left: 40px;">Type: <input type="checkbox"/> Compact <input type="checkbox"/> Other</p> <p>Private Vehicle Requested by: <input type="checkbox"/> Traveller <input type="checkbox"/> Employer</p> <p style="margin-left: 40px;">Rate (cents/KM): _____</p>
Meals and Incidental:											
Other:											
Other:											
3. Total Other Expense											
Total estimated Travel cost (1+2+3)											

3.0 Traveller's Acknowledgement

I acknowledge and accept the current Terms and Conditions of the GNWT Travel Policy.

Requester	Approver
<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; background-color: #e0e0e0;">MM/DD/YYYY</div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; background-color: #e0e0e0;">MM/DD/YYYY</div>
_____ Signature	_____ Signature

4.0 Expense Claims

Date MM/DD/YY	Location (abbr.)	Breakfast/Lunch/Dinner/Incidentals					Accommodation \$	Transportation \$	Other Expenses		
		B	L	D	I	Combined Cost \$			Details	Cost \$	Line Total \$
Total											

I certify that I have expended the above amounts and that all expenditures were on government business.

Requester	MM/DD/YYYY
_____ Print Name	_____ Signature

5.0 Account Details

<p>Cheque Type</p> <p><input type="checkbox"/> Return to Department</p> <p><input type="checkbox"/> Special handling</p> <p><input type="checkbox"/> Emergency</p> <p><input type="checkbox"/> Normal</p>												
Total												

Verification Clerk	Date- MM/DD/YY

GNWT SAM-2/1

Spending Authority	Date- MM/DD/YY

