

PRIOR Travel Payment / Reimbursement

Travel Movement Number (if applicable)

PERSONAL PARTICULARS:	Date:
UnilD:	Position:
Last Name:	First Name:
Dept/Centre:	School/Faculty: RSPE

TYPE (please tick one)	<input type="checkbox"/> Travel Reimbursement	<input type="checkbox"/> Departmental Visitor
	<input type="checkbox"/> Payment	<input type="checkbox"/> Visiting Fellow

DETAILS OF TRAVEL	Date Departed / /	Date Returned / /
Major Destination(s)		

Airfares	\$
Conference Registration Fees	\$
Accommodation	\$
Other	\$
Total	\$

PAYMENT / REIMBURSEMENT		Business Office use	
Total being Paid:	\$		
Total being Reimbursed:	\$		
TOTAL AMOUNT BEING PAID / REIMBURSED	\$	/ /	
Budget Code for payment or reimbursement			

**PAYMENT / REIMBURSEMENT WILL ONLY BE PAID ON
TOTAL OF ATTACHED ORIGINAL RECEIPTS**

Authorisation:			
Traveler		Date:	/ /
Head of Department		Date:	/ /
Business Manager		Date:	/ /
Director		Date:	/ /