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| **Wits RHI**  **Travel Authorisation Form** | | | | | | | | | | | | | | |
| 1. **Employee / Traveler Information** | | | | | | | | | | | | | | |
| Name as per I.D | | Craig Parker | | | | | Designation | | | | | Senior Researcher | | |
| I.D/Passport Number | | 8505255295081 | | | | | Employee Code | | | | | B0158 | | |
| Bank Name | | FNB | | | | | Bank Account Number | | | | | 60448206355 | | |
| Branch | |  | | | | | Branch Code | | | | | 250 655 | | |
| Line Manager | | Gloria Maimela | | | | | Project | | | | | High Horizons | | |
| 1. **Travel Purpose** | | | | | | | | | | | | | | |
| *Brief Summary:* | | | | | | | | | | | | | | |
| **Induction for the Carbon Emmison Staff** | | | | | | | | | | | | | | |
| 1. **Flight Preferences** | | | | | | | | | | | | | | |
| Preferred Airport | | | Cape Town(via manchester on the return on the 17th of October) | | | | | | | | | | | |
| Travelling to, Country / City | | | Stockholm | | | | | | | | | | | |
| Date of Departure | | | 2023/10/08 | | | | | | Preferred Time | | | | **15:00** | |
| Date of Return | | | 2023/10/17 | | | | | | Preferred Time | | | | **11:00** | |
| 1. **Car, Shuttle or Chauffer Services** | | | | | | | | | | | | | | |
| Date of Collection | | Click or tap to enter a date. | | | | | | Collection Time | | | | |  | |
| Collection Point | |  | | | | | | Main Driver | | | | |  | |
| No. of Staff Travelling | |  | | | | | | Drop-Off Point | | | | |  | |
| 1. **Accommodation & Per Diem** | | | | | | | | | | | | | | |
| Arrival Date | | 2023/10/08 | | | | | Departure Date | | | | 2023/10/13 | | | |
| Per Diem Request | | YES  NO | | | | | Special Requests | | | | Vegetarian | | | |
| 1. **Estimated Costs** | | | | | | | | | | | | | | |
| ***Expenditure Type*** | | | | ***Project Covering Costs*** | | | | ***Approved Budget / Estimated Amount*** | | | | | | |
| Conference / Training fee | | | |  | | | |  | | | | | | |
| Visa Fee | | | |  | | | | | | |
| Flights | | | |  | | | | | | |
| Accommodation | | | |  | | | | | | |
| Per Diem | | | |  | | | | | | |
| Car Hire | | | |  | | | | | | |
| Shuttle Service | | | |  | | | | | | |
| **Total Estimated Amount** | | | | | | | | **R0.00** | | | | | | |
| 1. **Supporting Documents Attached to this Travel Request** | | | | | | | | | | | | | | |
| Motivation for travel  Proof of conference leave submission (HR Online)  Agenda  Letter of Invitation  Other supporting documents | | | | | | | | | | | | | | |
| 1. **Approvals** | | | | | | | | | | | | | | |
| **Traveler Acknowledgement** | | | | | | | | | | | | | | |
| Print Name | Craig Parker | | | | Date | 08/29/2023 | | | | Signature | | | |  |
| **WHC Grant Accountant** | | | | | | | | | | | | | | |
| Print Name |  | | | | Date |  | | | | Signature | | | |  |
| **Programme Manager / Director / Executive Director** | | | | | | | | | | | | | | |
| Print Name |  | | | | Date |  | | | | Signature | | | |  |
| **Chief Operating Officer** | | | | | | | | | | | | | | |
| Print Name |  | | | | Date |  | | | | Signature | | | |  |
| **Disclaimer**   * **Local Travel** to be approved by **Programme head or Director – One signature required.** * **International travel** to be approved by **Programme Head or Director**. A further two signatures are required **one must be the C.O.O & the Executive Director** * Travel to be approved before the actual travelling takes place. If not adhered to this will result in disciplinary measures being taken. * Once final bookings are confirmed, no further changes can be made. *(Changes will only be allowed on extreme cases of emergency)* * Staff or traveler signing the form means that you have read and understood the above and the choices given above are within the requirements of the Institute, project’s needs and in line with the **Travel policy FIN0011***.* | | | | | | | | | | | | | | |