



PRE-APPROVAL OF TRAVEL

By signing the traveler agrees to follow all travel policies of McMaster University and provide all original receipts for reimbursement upon return in a timely manner.

Requesting Traveler _____

Description of Conference _____

Date of Conference _____

Destination _____

Presentation Description _____

Account Number _____

Budget: **Conference Registration** _____

Accommodation _____

Travel Costs _____

Signature of Traveller: _____

Restrictions _____

Immediate Supervisor Approval _____

(Signature)

(Date)

(Please Print)

Department Approval _____

(Signature)

(Date)

(Please Print)