

Concordia University - Financial Services - Accounts Payable Travel Voucher Form

| | IMPORTANT | | | | |
|--|---------------------------|------------------------|-------------------------|--------------------------|--|
| A. For attendance at a conference, a copy of the conference agenda is mandatory for reimbursement. B. The completed travel voucher must be sent by fax (514) 848 - 8626 to the attention of Accounts Payable, GM-701, SGW Campus, within 24 hours of booking the trip. C. To ensure travel arrangements can be booked, please note that travelers must submit their Internal Fund/Org Account number to the travel agent. | | | | | |
| | | | | Booked Date: | |
| | | | Last Name (printed): | First Name (printed): | |
| Faculty/Department: | | | | | |
| Account code/Grant number: | | | | | |
| Internal phone number: | Email address: | | | | |
| Campus: | Internal address: | | | | |
| Purpose of the trip:* | | | | | |
| Destination: | | | | | |
| If charged to a research grant, indicate the traveler's affiliation to the research project: | | | | | |
| Departure Date: | Return Date: | | | | |
| Estimated Cost of Transportation (\$CAD): | | | | | |
| Air Train | Hotel (Reservation) | Car (Reservation) | | | |
| ndicate travel agent used:* 🛛 🗌 Norko International Tra | vel 🗌 Voyages Group Ideal | Uniglobe Voyages Lexus | | | |
| Signatures (Please print and sign): | | | | | |
| Fraveler's signature: | Date: | | | | |
| Approval signature: | Date: | | | | |
| Please note: One travel voucher form per traveler. | | | | | |

are mandatory fields