Travel Request Form

Version: March 2026

Name:	Position Title:	Type of Position: ☐ Permanent ☐ Secondment ☐ Perm Part-Time ☐ Term
Department and/or Unit:	Office Address:	Telephone #:

Details / Reason for Request:

Description:

Location:

Dates:

Flights Hotels Meals Incidentals Other

Note: Total travels costs will be reimbursed:

___Yes; by _____

___No; Sask DLC paid

Estimated Total Cost* $ 0.00

Employee Signature Date

Immediate Supervisor:

☐ Recommended
☐ Not Recommended

Comment:

Supervisor Signature Date

Director	Executive Director	Vice President / Superintendent	Chief Executive Officer	Board
☐ Approved / Recommended ☐ Declined	☐ Not Required ☐ Approved / Recommended ☐ Declined	☐ Not Required ☐ Approved / Recommended ☐ Declined	☐ Not Required ☐ Approved / Recommended ☐ Declined	☐ Not Required ☐ Approved ☐ Declined
Date:	Date:	Date	Date:	Date:
_____ Signature	_____ Signature	_____ Signature	_____ Signature	_____ Signature

**Claims for reimbursement to employees are to be made with an Expense Form or other prescribed form and supported by receipts/invoices.*