NORTHERN HEALTH REGION

Travel Request and Employee Expense Claim

All Travel requests **Must** state a reason for travel.   All travel requests are to be submitted at least two (2) weeks in advance of travel date.

General Information   **All Travel Arrangements are made according to 'Best Value' for the organization.**

Name Prefix (req'd for air travel)   ☐ Mr   ☐ Miss   ☐ Ms   ☐ Mrs

Name (as it appears on passport) _____   Date of Birth (DOB) (DD/MM/YYYY) _____

Email _____   Cell # _____   Department Cost Code _____

3rd Party Reimbursement (Name or Organization to be billed, including full address) _____

3rd Party Reimbursement Attention to _____

Comments _____

Request Submitted by _____   Phone # (ext) _____   Email _____

Reason for Travel _____   Manager Name _____   Signature _____

Accommodations	☐ Corporate Apartment		☐ Medical Services Apartment (75 Fox Bay)		☐ Hotel	☐ Private Accommodations

Mode of Travel	☐ Air	☐ Charter	☐ Bus	☐ Train	☐ Fleet Vehicle	☐ Rental Vehicle	☐ Personal Vehicle

Travel From	**Travel To**	**Date (DD/MMM/YYYY)**	**Approximate Departure Time**	**Taxi Slips # Requested (in space provided)**	**Out of Town Hotel Preferences or Conference Location**
				☐ Thompson #	
				☐ Winnipeg #	
				☐ Flin Flon #	
				☐ The Pas #	

Note: Maximum occupancy for bachelor or one (1) bedroom apartment = three (3) people / maximum occupancy for two (2) bedroom apartment = five (5) people (one (1) guest **must** be person named above)

Note: Northern Health Region (NHR) no longer provides pet friendly apartments.

Note: If accommodations are a hotel, NHR pays room and taxes only. Additional room and guest charges are the responsibility of the person listed above

Once approved, please forward to NRHA_Travel@nrha.ca   Original to be submitted with employee travel expense form

All additions, changes, revisions **must** be approved by manager and forwarded to NRHA_Travel@nrha.ca before they are processed.

NORTHERN HEALTH REGION

Travel Request and Employee Expense Claim

Payable to

Name _____

Mailing Address _____

_____

_____

_____

Signature _____

Each employee must submit separate expense forms

Cost Code _____

Reason for Travel _____

Date(s) of Travel _____

Meeting Date	Meals				
DD/MMM/YYYY	Breakfast (as per CBA)	Lunch (as per CBA)	Dinner (as per CBA)	Daily Per Diem (as per policy)	Total

Total Meals Cost =$ _____

Total Hotel Cost =$ _____

Incidentals (Phone, Parking, etc.) =$ _____

Personal Vehicle Mileage (Not applicable if NHR Fleet Vehicle is available)

#kms _____ X rate/km $ _____ =$ _____

Other (Bus, Train, Rental, Taxi) =$ _____

Less Any Advances – Advances must be entered as a negative number =$ _____

Total Reimbursement Travel Expense (receipts to be provided as applicable) =$ _____

Expenses approved by   Name _____ Signature _____