Non-Research - Travel Approval Application Form

* *As per policy, all quotations must be sourced via FCM Travel*
* *Research / Professoriate - click here for* [Contestable Conference Travel / Professorial Travel application Form](https://tuhono.op.ac.nz/hub/teams/learner-experience/research-and-postgraduate-studies/how-we-can-help/internal-funding)

**Applicant Information**

|  |  |
| --- | --- |
| Name (*Full name*) |  |
| Employee Code |  |
| College / School |  |

**Travel Details**

|  |  |
| --- | --- |
| Destination Country |  |
| City |  |
| Institution / Organisation to Visit |  |
| Purpose of Travel (*brief description of purpose*) |  |
| Travel Dates (*start date to end date*) |  |

**Budget Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is this travel budgeted for (*If no, provide motivation under “Justification of Travel”*) | Yes / No | | | |
| Source of Budget  *Enter relevant codes* | SITE | BUN | ACCT | ANALYSIS |
|  |  |  |  |
| **Estimated Total Costs (***New Zealand Dollars***)** | | | | |
| Total costs covered by OP | $ | | | |
| Total costs covered by Te Pūkenga (*if applicable*) | $ | | | |

|  |  |
| --- | --- |
| **Breakdown of Estimated Total Costs (***New Zealand Dollars***)** | |
| Airfare | $ |
| Accommodation | $ |
| Meals | $ |
| Daily Travel Allowance | $ |
| OP Collateral / Gifts (*if applicable*) *Gift item description Gift item quantity Gift item value (total)* | $ |
| Other Expenses | $ |

**Justification of Travel**

|  |  |
| --- | --- |
| Reason for non-budgeted travel (*if applicable*) |  |
| Academic / Professional Benefits (*brief overview*) |  |
| Expected Outcomes / ROI (*brief expected outcomes of this travel*) |  |
| Contribution to Institution (*Explain how this travel will benefit the institution*) |  |
| Please attach supporting documentation (*quotes, invitations, business cases etc.*)  Tick the relevant boxes | Quotes  Invitation   Business Case  Other |

|  |  |
| --- | --- |
| Date (*Travel application form is completed*) |  |

**Approval Signatures**

|  |  |
| --- | --- |
| Director / HOC Name |  |
| Signature |  |
| Date |  |

|  |  |
| --- | --- |
| Deputy Executive Director Name |  |
| Signature |  |
| Date |  |

|  |  |
| --- | --- |
| Executive Director Name |  |
| Signature |  |
| Date |  |