

Institutional Compliance 3000 College Drive S. Lethbridge Alberta T1K 1L6 Tel. 403.320.3361 Fax 1.888.546.4509 lctrayel@lethbridgecollege.ca

GROUP INTERNATIONAL TRAVEL DECLARATION FORM

INSTRUCTIONS:

The group leader must submit this completed form to institutional compliance with all necessary approvals¹ and supporting documentation² one (1) week prior to for travel to the US and two (2) weeks prior to departure for all other destinations. Individual Travel Declarations are also required for those submitting expenses. Upon completion please submit to <a href="https://linearchy.org/l

TRAVEL DETAILS		-					
COURSE / GROUP NAME:	PROGRAM				CENTRE		
GROUP TRAVEL SUPERVISOR NAME: EMAIL ADDRESS:							
CAMPUS PHONE:	EXT.		PHONE	WHILE TRAVEL	LLING:	EXT.	
TRAVEL PURPOSE:	BUSINESS	PD	FIELD TRIP	STU	IDY TOUR	ATHLETICS	OTHER
DESTINATION(S):	1.				2.		
	3.				4.		
TRAVEL DATES:	FROM:					TO:	
FLIGHT & HOTEL INFO	DRMATION (attach a	additional sl	neet if necess	ary)			
DEPARTURE AIRLINE &	1					3	
FLIGHT #:	2					4	
RETURN AIRLINE & 1	1					3	
	2					4	
HOTEL NAME & PHONE 1	1					3	
TIOTEE WAITE & THORE	2					4	
LIST OF TRAVELERS							
NAME		S NUMBER	R E	MAIL		TRA	AVELLER TYPE
1.		<u>S</u>					
2.		S					
3.		S					
4.		S					
5.		S					
6.		S					
7.		S					
8.		S					<u>_</u>
9.		<u>S</u>					<u>_</u>
10.		S					_
11.		S					_
12.		S					_
13.		S					
14.	_	S					
15.	_	S					
16.	_	S					
17.	_	S					
18.		S					_
19.		S					_
APPROVALS							
☐ EMAIL APPROVAL ATTACHED ☐ TRAVEL APPROVAL PREVIOUSLY FORWARDED							
Vic	e President / Presider	nt Annroval					Date
Vic							2442

FOIP NOTIFICATION

¹ AS OUTLINED IN THE <u>Travel</u>, <u>Meal and Hospitality Expenses and Public Disclosure Procedures - Appendix A</u>. Acceptable forms of approval include: this signed form, signed faculty PD forms or email approval. ² EACH TRAVELLER MUST PROVIDE A COPY OF THE SIGNATURE PAGE OF THEIR PASSPORT