



University of Toronto

Travel Centre

Managed by: Avenue Travel

TRAVEL AUTHORIZATION FORM

Name of Traveller _____

Title _____ Phone # _____

Department/Faculty _____

Name of Business Officer _____ Phone # _____

Destination(s) _____

Departure Date _____ Return Date _____

Total Cost of Trip (including all taxes) \$ _____

BUSINESS OFFICER MUST CHECK OFF ONE OF THE FOLLOWING PAYMENT OPTIONS.

A. Please process travel invoice(s) through Procurement Services

G/L No. _____ Commitment Fund Centre No. _____

Cost Centre/Internal Order No. _____ Fund No. _____

(PLEASE ENSURE COMPLETE FIS INFORMATION IS PROVIDED)

B. Department Business Officer will process travel invoice(s)

MANDATORY: TRAVEL ARRANGEMENTS WILL NOT BE FILLED BY AVENUE TRAVEL WITHOUT THE FOLLOWING INFORMATION

AUTHORIZED SIGNATURE _____

PRINT NAME _____

TITLE _____

ONE-UP AUTHORIZATION IS REQUIRED IN ORDER TO REQUEST TRAVEL ARRANGEMENTS. FOR PROPER BILLING AND TICKET ISSUE, PLEASE ENSURE ALL FIELDS ARE FILLED OUT COMPLETELY.

NOTE: Please EMAIL authorization form(s) to your Avenue Travel rep or to accounting@avenuetravel.ca

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Email: uoft@avenuetravel.ca

Web site: www.avenuetravel.ca/uoft