

REQUEST FOR PRE-PAYMENT OF NON-EMPLOYEE TRAVEL

Refer to [Standard Operating Procedure – Pre-approved Travel for Non-Employee Travel](#)

Instructions:

1. Please see Standard Operating Procedure for this form for complete instructions on using this form.
2. Please complete all fields below, including the cost centre to be charged. If the cost centre is externally funded, please provide an internal cost centre (i.e. operating, PER or internal research) should the cost be deemed ineligible on the external grant.
3. **IMPORTANT:** Please ensure traveler name is as it appears on their travel documents.
4. Please ensure eligibility of expenditure and sufficiency of funds for the cost centre to be charged. Please ensure all required pre-approvals have been obtained before submitting this form.
5. Send completed form to travelrq@yorku.ca. An approval confirmation will be sent to you within 2 business days.
6. For approved requests, travel arranger may proceed to make travel arrangements through FCM Travel Solutions at 416-813-4784 [M-F 8:30am to 5:00pm ET] or by email at york@fcmtravel.ca. DO NOT copy travelrq@yorku.ca on correspondence with FCM.

TRAVELER INFORMATION (Non Employee)	Traveler Name (IMPORTANT: ENTER NAME AS IT APPEARS ON TRAVEL DOCUMENTS)		
	First	Middle	Last
	Title:		
	Institution / Organization:		
	Email:		
Traveler category: <input type="checkbox"/> York University Student <input type="checkbox"/> Visitor/Guest			

TRAVEL ARRANGER (York Employee)	Name of Employee:	York Email:	York phone & extension
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TRAVEL DETAILS	Please describe affiliation to research (for fund 400 and 500) or business purpose of travel:		
	Travel route (from <u>city, country</u> TO <u>city, country</u>):	Travel date (YYYY-MM-DD TO YYYY-MM-DD):	
	Will this person be requesting reimbursement of other travel expenses through a claim for reimbursement? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe		

APPROVAL BY COST CENTRE SIGNING AUTHORITY	Cost centre to be charged				Alternate cost centre [if required]				
	Chartfield Information	Cost Centre	Activity	Time	Location	Cost Centre	Activity	Time	Location
	Name of PI/ signing authority:								
	Signature of PI/ signing authority:								
	Acknowledgement:								

1. I hereby certify that I am authorized to sign on the cost centres above and that the travel for the individual named above is for the purpose of University research or business.
 2. I acknowledge that the University may not receive a refund or credit for airfare paid on behalf of individuals should travel not occur.
 3. I acknowledge that airfare expenses where travel does not occur may not be eligible under external research grants. An alternate cost centre (operating or internal research), is provided should this expense be deemed ineligible on the grant.

RESEARCH APPROVAL (fund 400/500)	Name / Title (Chair or higher)	
	Signature	

FINANCE APPROVAL	Name / Title	
	Signature	