

Request for Travel Assistance Form

Name		
Purpose of Trip		
Date of Submission		
Expected Cost		
Employer Funded Amount		
Personally Funded Amount		
Amount requested from PEMAC travel budget:		
PEMAC Business Justification / role / reason for request:		
Please indicate whether you have pursued other funding avenues:		
	Employer has been approached and refused or has only provided partial funding (or doesn't fit employers requirements)	
	Self employed and can't afford or justify for business reasons, and can't combine with other business	
	Retired	
	Other (specify)	
Name of reviewer:	Approved date:	Declined date:
Reviewer comments:		