



UNIVERSITY
OF MANITOBA

TRAVEL AUTHORIZATION
FOR PAYMENT

TA _____

TO: EXPENSE CLAIMS COORDINATOR
416 ADMINISTRATION BLDG.
FORT GARRY CAMPUS
Ph. 474-8492
FAX: 474-7925

FOR: TRAVEL SERVICES ARRANGED BY:

VISA Airline Booking Card:

Card Prog. Coordinator
Supplier Services
Phone: 474-6090
474-9825
Fax: 474-7637

Travel Agencies:

American Express Travel
300, 605-5TH Avenue, SW
Calgary, AB T2P 3H5
Phone: 1-800-665-3423
Fax: 1-866-403-2951

Carlson Wagonlit Travel
(Formerly Navigant /McDonald Travel)
100 - 444 S t. Mary Avenue
Winnipeg, MB R3C 3T1
Phone: 1-866-855-9850
Fax: 1-204-336-7216

PLEASE NOTE THIS IS YOUR AUTHORIZATION TO PAY FOR AIR TRAVEL. ONLY THE DISCOUNTED AMOUNT WILL BE DEBITED TO THE FOAPAL SHOWN ON THE TRAVEL AUTHORIZATION FORM.

DATE _____ REQUESTED BY _____ TELEPHONE _____

NAME OF TRAVELLER _____ UNIVERSITY DEPARTMENT _____ TELEPHONE _____

F	O	A	P	A	L

TRIP EXPENSES CHARGED TO FOAPAL

\$ _____
AUTHORIZED LIMIT
(IF APPLICABLE)

FOAP(AL) AUTHORIZATION (SIGNATURE) _____ TELEPHONE _____

DETAILS:

DESTINATION _____ PLANNED DEPARTURE DATE _____ RETURNING _____

PURPOSE OF TRIP _____

VISA AIRLINE BOOKING CARD NUMBER _____ NAME OF CARDHOLDER _____

OTHER _____

HANDLING INSTRUCTIONS:

IF BOOKED BY DESIGNATED TRAVEL AGENCIES:

1. T.A. FORM TO BE COMPLETED IN FULL
2. T.A. MUST BE FAXED TO TRAVEL AGENCY
3. SEND ORIGINAL COPY TO TARVEL SERVICES, 416 ADMINISTRATION BLDG. FAX #: 474-7925
4. RETAIN A XEROXED COPY FOR YOUR RECORDS

IF BOOKED BY UNIVERSITY OF MANITOBA VISA AIRLINE BOOKING CARD:

1. VISA AIRLINE BOOKING CARD NUMBER
2. VISA CARDHOLDER NAME
3. THE TRAVELLER IS ONLY INSURED IF THE TRAVELLER BOOKED TRAVEL ON THEIR CARD.
4. TRAVEL AUTHORIZATION FORM TO BE COMPLETED IN FULL.
5. MAIL ORIGINAL TRAVEL AUTHORIZATION TO EXPENSE CLAIMS COORDINATOR, 416 ADMINISTRATION BLDG.
6. RETAIN A COPY OF THE TRAVEL AUTHORIZATION FOR YOUR VISA CARD MONTHLY STATEMENT RECONCILIATION.