BRITISH COLUMBIA

TRAVEL AUTHORIZATION

BRITISH COLUMBIA	This form : It may, at the disc	must be used retion of minis	for all out-of-province stries, be used for in-	e travel requ province trav	iesis. val requests		
The Best Place on Earth	Out-of-Pro		☑ Out-of-Canada	_	ovince	ESTIMATED CO	•
MINISTRY/ENTITY/CORPORATE		3VIIIQE	Out-Oarlada		VOTE	Transportation	2,500
Jobs, Economic Recov	ery and Innovation					Meals	244
EMPLOYEE NAME		·		<u> </u>	EMPLOYSE ID.	Lodging	1,300
Brenda Bailey					EMPLOTEE ID.	Overtima	
•						Fees	
POSITION				BARGAININ	G UNIT / GROUP NO.	Other	
Minister, Jobs, Econon	nic Recovery and Innovati	ion		Group 4			
BRANCH / LOCATION / REGION	·			<u></u>			
						· .	
DATE DEPARTING YYYY / MM / DD	DATE RETURNING YYYY / MM / DD	NO: OF WO	RKDAYS AWAY	ESTIMATED	OVERTIME CLAIM		<u> </u>
2023/06/04	2023/06/08		4		HOURS		
IDENTITY OF ORGANIZATION (OT)	HER THAN PROV. OF B.C.) PAYING ANY	OF THE COSTS	· ·	<u> </u>	· · · · · ·	· 	-
N/A, OR						SUB TOTAL	4,044
DESTINATIONS	<u> </u>					Less Costs paid by others	
Boston, Massachusetts	2						4.044
METHOD OF TRAVEL	·		·			TOTAL COSTS	4,044
			Befor to	CPPM to s	SIGNATURES 1.4 Policy 1 and 10.4.4	for approval aid	tharities
Air					EASE SIGN ONE BO		
PURPOSE OF TRAVEL Give details of event to be atter	nded, project name / number, progr	am involved,	DIRECTOR APPRO	VED	NOT APPROV	/ED	DATE SIGNED
benefits to Ministry, etc.	and meet with leading Li	fo Calanaa					YYY/MM/DD
stakeholders in the Bos		ie oriálice			ļ		
			ASSISTANT DEPUT				
			APPRO	VED	NOT APPROV		DATE SIGNED YYY/MM/DD
			İ		•	1	
			DEPUTY MINISTER				
			APPRO	VED	NOT APPROV		DATE SIGNED
						Y	YYY/MM/DD
ENDIOVEED PIZZATION			MINISTER				
EMPLOYEE'S SIGNATURE		DATE SIGNED YYY / MM / DD	APPRO	VED	NOT APPROV		DATE SIGNED YYY / MM / OD
menhally	202	3/03/2	8				

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Originator completes and forwards a copy to immediate supervisor for approval(s), if travel is approved, the supervisor retains a copy and returns the original to the originator. The originator attaches the original and a copy to their travel voucher.

	Reset Form	
PREMIER	NOT APPROVED	DATE SIGNED YYYYMMIOD 2023/04/03



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TRAVEL AUTHORIZATION

British Columbia			d for all out-of-province istries, be used for in-p			ESTIMATED CO	OSTS (IN CAN. S)
The Best Place on Earth	Out-of-Pro	ovince	Out-of-Canada	☐ In-Pro	vince	Transportation	2,500
MINISTRY / ENTITY / CORPORATE	E NAME (IF CONTRACTOR)			·	VOTE		244
Jobs, Economic Reco	very and Innovation					Meals	1,300
EMPLOYEE NAME	<u> </u>				EMPLOYEE ID.	Lodging	1,000
Terry Harrison						Overtime	
				T BADGAMING	UNIT/GROUP NO.	Fees	
POSITION						Other	
Senior Ministerial Adv	isor			Group 3			
BRANCH/LOCATION/REGION	-						
	L DATE DETURNING		ORKDAYS AWAY	TESTIMATED	OVERTIME CLAIM		
DATE DEPARTING YYYY/MM/DD	DATE RETURNING YYYY / MM / DD	INO. OF W	OTROAI O AVIAT	ESTIMATED OVERTIME CLAIM			
2023/06/04	2023/06/08	4		HOURS			
IDENTITY OF ORGANIZATION (OT	THER THAN PROV. OF B.C.) PAYING ANY	OF THE COST	S	•			
N/A, OR:						SUB TOTAL	4,044
DESTINATIONS						Less Costs paid by others	
Boston, Massachusett	ts					TOTAL COSTS	4,044
METHOD OF TRAVEL				-	SIGNATURES	·-	
Air			Refer to		3.4 Policy 1 and 10.4. EASE SIGN ONE BO	4 for approval a	uthorities.
PURPOSE OF THAVEL Give details of event to be attended, project name / number, program involved, benefits to Ministry, etc.				APPROVED NOT APPR		/ED	DATE SIGNED YYYY/MM/OD
	e and meet with leading Li		e			1	
	oston area. See attached	aran	ASSISTANT DEPUT	YMINISTER			
program.				APPROVED NOT APPR		/ED	DATE SIGNED
						ı	TTTT/MM/DU
			DEPUTY MINISTER				
4			APPRO	VED	NOT APPRO	VED	DATE SIGNED YYYY/MM/DD
						į	
Per VC		B.100 010110	MINISTER		NOT EDGGS	VED.	DATE OWNED
EMPLOYEÉ'S SIGNATURE		DATE SIGNED YYYY / MM / DD		/	ORSSA TON	AED	DATE SIGNED YYYY / MM / DD
Matition	20	23/03/	18 mars	ally		7	2073/03/2
The state of the s	Originator completes and forwa	ards a copy to	immediate supervisor	for approval(s). If travel is approved	the supervisor r	etains a copy and

Reset Form

returns the original to the originator. The originator attaches the original and a copy to their travel voucher.



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TRAVEL AUTHORIZATION

BRITISH			or all out-of-province ies, be used for in-p					
COLUMBIA The Best Place on Earth					•	ESTIMATED (COSTS (IN CAN. \$)	
	Out-of-Pro	vince X	Out-of-Canada	In-Pro		Transportation	on <u>2,500</u>	
MINISTRY / ENTITY / CORPORATE, NA	AME (IF CONTRACTOR)				VOTE	Meals	244	
Jobs, Economic Develop	ment and Innovation						1,300	
EMPLOYEE NAME					EMPLOYEE ID.	Lodging		
Paul Pawlowski						Overtime		
POSITION				BARGAINING	UNIT / GROUP NO.	Fees		
Assistant Deputy Ministe	er					Other		
BRANCH / LOCATION / REGION								
Investment Division								
DATE DEPARTING YYYY / MM / DD	DATE RETURNING YYYY / MM / DD	NO. OF WORKDAYS AWAY		ESTIMATED OVERTIME CLAIM				
2023/06/04	2023/06/08	4		HOURS				
IDENTITY OF ORGANIZATION (OTHE	R THAN PROV. OF B.C.) PAYING ANY	OF THE COSTS						
N/A, OR;						SUB TOTAL.	4,044	
DESTINATIONS						Less Costs paid by other	S	
Boston						TOTAL COST	s 4,044	
METHOD OF TRAVEL					SIGNATURES			
Air			Refer to		4 Policy 1 and 10.4.4 EASE SIGN ONE BO		authorities.	
PURPOSE OF TRAVEL			DIRECTOR					
Give details of event to be attend benefits to Ministry, etc.	ed, project name / number, progra	am involved,	APPROVED		NOT APPROV	/ED	DATE SIGNED YYYY / MM / DD	
Attend the BIO conferen program	ce and support Minister's	s Boston						
program			ASSISTANT DEPUTY	MINISTER				
			APPROVED		NOT APPROV	/ED	DATE SIGNED YYYY / MM / DD	
							11117 WWW 255	
			DEPUTY MINISTER					
			APPROV	VED	NOT APPROV	/ED	DATE SIGNED YYYY / MM / DD	
			design)es			2023-04-05	
EMBLOVEER GIOTATURE		ATE OLONGO	MINISTER	/ED				
EMPLOYEE'S SIGNATURE		ATE SIGNED YYY / MM / DD	APPROV	VED	NOT APPROV	ED	DATE SIGNED YYYY / MM / DD	
P. PawlowsLr	20	23-04-04						

Originator completes and forwards a copy to immediate supervisor for approval(s). If travel is approved, the supervisor retains a copy and returns the original to the originator. The originator attaches the original and a copy to their travel voucher.

Reset Form

Instructions for the *Travel Authorization* Form (FIN 099)

Every employee requesting approval for out-of-province and out-of-Canada travel will complete form TB/FIN 99 in full.

Purpose of Travel – include a clear statement of the reason for the proposed travel.

Estimated Costs (in Can. \$) - provide an approximate calculation of the total costs to be incurred.

Approval Authorities – required by CPPM 10.3.4 policy 1 (per TB Directive 4/04):

- approvals for staff are made by their respective director;
- approvals for directors and executive directors are made by the assistant deputy minister of the program area;
- approvals for assistant deputy ministers are made by the executive financial officer for the ministry;
- for approval requirements for ministers, parliamentary secretaries, deputy ministers and ministers' office staff, refer to CPPM 10.4.4.

Where approval is obtained, the immediate program area retains copy 3 (pink) and copies 1 (white) and 2 (canary) are returned to the originator.

Request for Expense Reimbursement

The employee requesting reimbursement for out-of-province or out-of-Canada travel will attach copies 1 and 2 of the approved TB/FIN 99 to their travel claim.