



BRITISH
COLUMBIA

The Best Place on Earth

TRAVEL AUTHORIZATION

This form must be used for all out-of-province travel requests.
It may, at the discretion of ministries, be used for in-province travel requests.

☐ Out-of-Province ☒ Out-of-Canada ☐ In-Province

MINISTRY / ENTITY / CORPORATE NAME (IF CONTRACTOR)

Jobs, Economic Recovery and Innovation

VOTE

EMPLOYEE NAME

Brenda Bailey

EMPLOYEE ID.

POSITION

Minister, Jobs, Economic Recovery and Innovation

BARGAINING UNIT / GROUP NO.

Group 4

BRANCH / LOCATION / REGION

DATE DEPARTING

YYYY / MM / DD

2023/06/04

DATE RETURNING

YYYY / MM / DD

2023/06/08

NO. OF WORKDAYS AWAY

4

ESTIMATED OVERTIME CLAIM

HOURS

IDENTITY OF ORGANIZATION (OTHER THAN PROV. OF B.C.) PAYING ANY OF THE COSTS

☐ N/A, OR:

DESTINATIONS

Boston, Massachusetts

METHOD OF TRAVEL

Air

PURPOSE OF TRAVEL

Give details of event to be attended, project name / number, program involved, benefits to Ministry, etc.

Attend BIO conference and meet with leading Life Science stakeholders in the Boston area.

SIGNATURES

Refer to CPPM 10.3.4 Policy 1 and 10.4.4 for approval authorities.

PLEASE SIGN ONE BOX ONLY

DIRECTOR

APPROVED

NOT APPROVED

DATE SIGNED
YYYY / MM / DD

ASSISTANT DEPUTY MINISTER

APPROVED

NOT APPROVED

DATE SIGNED
YYYY / MM / DD

DEPUTY MINISTER

APPROVED

NOT APPROVED

DATE SIGNED
YYYY / MM / DD

MINISTER

APPROVED

NOT APPROVED

DATE SIGNED
YYYY / MM / DD

EMPLOYEE'S SIGNATURE

DATE SIGNED
YYYY / MM / DD

Brenda Bailey

2023/03/28

FIN 99WEB Rev. 2008/10/08

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	APPROVED	NOT APPROVED	DATE SIGNED YYYY/MM/DD
<i>[Signature]</i>			2023/04/03

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MINISTRY / ENTITY / CORPORATE NAME (IF CONTRACTOR)

Jobs, Economic Development and Innovation

EMPLOYEE NAME

Paul Pawlowski

POSITION

Assistant Deputy Minister

BRANCH / LOCATION / REGION

Investment Division

DATE, DEPARTING

YYYY / MM / DD

2023/06/04

DATE, RETURNING

YYYY / MM / DD

2023/06/08

NO. OF WORKDAYS AWAY

4

ESTIMATED OVERTIME CLAIM

HOURS

IDENTITY OF ORGANIZATION (OTHER THAN PROV. OF B.C.) PAYING ANY OF THE COSTS

☐ N / A, OR:

DESTINATIONS

Boston

METHOD OF TRAVEL

Air

PURPOSE OF TRAVEL

Give details of event to be attended, project name / number, program involved, benefits to Ministry, etc.

Attend the BIO conference and support Minister's Boston program

EMPLOYEE'S SIGNATURE

P. Pawlowski

DATE SIGNED
YYYY / MM / DD

2023-04-04

SIGNATURES

Refer to CPPM 10.3.4 Policy 1 and 10.4.4 for approval authorities.

PLEASE SIGN ONE BOX ONLY

DIRECTOR

APPROVED

NOT APPROVED

DATE SIGNED
YYYY / MM / DD

ASSISTANT DEPUTY MINISTER

APPROVED

NOT APPROVED

DATE SIGNED
YYYY / MM / DD

DEPUTY MINISTER

APPROVED

NOT APPROVED

DATE SIGNED
YYYY / MM / DD

2023-04-05

MINISTER

APPROVED

NOT APPROVED

DATE SIGNED
YYYY / MM / DD

ESTIMATED COSTS (IN CAN. \$)

Transportation 2,500

Meals 244

Lodging 1,300

Overtime

Fees

Other

SUB TOTAL 4,044

Less Costs paid by others

TOTAL COSTS 4,044

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.