

**Queen's University Faculty Association
Advance Notice of Travel and Preliminary Budget Form**

Date: _____

Name: _____

Position in QUFA: _____

Conference or Meeting: _____

Date(s) of Travel: _____

Destination: _____

Estimated Cost of Trip

Transportation _____

Hotel _____

PerDiem* _____

Other _____

TOTAL _____

Please refer to the QUFA website for more information: <https://qufa.ca/travel-reimbursement-forms/>

*QUFA follows the CAUT reimbursement fees of \$28.40 for Breakfast, \$27.40 for Lunch, \$57.70 for Dinner, and \$17.30 for Incidentals, with a potential total of \$130.80 per day. Mileage is \$0.635/km.

Signature of Traveler: _____

Signature of QUFA Executive
Officer or Executive Director: _____