**TRAVEL ITINERARY**

FOR: (name)

SPECIAL NEEDS (ie allergies, etc):

PURPOSE OF TRAVEL:

TRANSPORTATION:

Air Canada ☐

Inland Air ☐

Pacific Coastal ☐

BC Ferries ☐

Confirmation/Booking Reference No:

Departure:

Date / Time:

From / To:

Return:

Date/Time:

From / To:

ACCOMMODATION:

Name of Hotel:

Confirmation No:

Third Party Authorization Credit Card Submitted: Yes ☐ No ☐

Date sent:

Date confirmed receipt by Hotel:

ACCOUNTING:

District Code:

Third Party Billing: (name)

Address:

Expenses: Transportation ☐ Accommodation ☐ Registration ☐