**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 ☐