



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

TRAVEL ARRANGEMENT REQUEST

1. Submit one form per trip
2. Must be approved by Manager prior to travel being arranged.

NAME: _____

DATE: _____

DESTINATION TO: _____	FROM: _____
TO: _____	FROM: _____

FILL OUT BOTH SECTIONS IF YOU REQUIRE MORE THAN ONE FLIGHT

FLIGHT ARRANGEMENTS: INDICATE AIRLINE:

DEPART DATE & TIME:		RETURN DATE & TIME:	
DEPART DATE & TIME:		RETURN DATE & TIME:	

TRAIN ARRANGEMENTS:

DEPART DATE & TIME:		RETURN DATE & TIME:	
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CAR RENTAL DETAILS

PICK UP DATE & TIME:		RETURN DATE & TIME:	
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(FILL OUT IF REQUIRED TO STAY AT MULTIPLE LOCATIONS)

HOTEL ARRANGEMENTS:

CHECK IN DATE:		CHECK OUT:	
CHECK IN DATE:		CHECK OUT:	

OTHER DETAILS

Employee's Signature _____

Date _____

Approved by Manager _____

Date _____

Department: _____