

SelfEMPLOYMENTPROGRAM

Out-Of-Province Travel Request Form

All requests must be received three weeks BEFORE the planned date of departure
Hand deliver: Room 0624 – 700 Royal Avenue, New Westminster or Fax: (604) 527-5035

Date Submitted: _____ Intake #: _____

Client Name: _____ Business Advisor: _____

Business Name: _____

SIN #: _____ Departure Date: _____

Phone: _____ Return Date: _____

Destination(s): _____

Were the requested travel activities included in your Business Plan? Yes No

Travel Guidelines

- Travel should not be booked until it has been approved by the SE Program and MHSD.
- Travel requests will only be approved if information provided is complete, clear, and received by your Business Advisor three (3) weeks prior to travel.
- **A detailed itinerary for your travel is mandatory.** Specifically list the appointments booked, sales and marketing activities planned, as well as any other planned activities.
 - ✓ **Tradeshows** – provide name, dates, and location of trade show
 - ✓ **Meetings** – provide name of contact/company, dates, location, purpose of meeting, and intended outcomes
- Your itinerary must show how the total 40 hours per week will be spent while away.
- You must notify your Business Advisor immediately upon your return.
- A detailed Post-Trip report of the trip must be submitted within 2 weeks of your return.
- **No vacations or holidays** are permitted during the 48 weeks of the SE Program, as per Ministry of Housing and Social Development and SE Program contracts.

Failure to meet any of the above conditions will result in termination from the program

WEEKLY TRAVEL ITINERARY

IMPORTANT: The activities listed below must total at least 40 hours per week.
Use a separate sheet for each week you are away. Use additional sheets as necessary.

Date	Name of Contact/Event	City/Country	Activity/Purpose/ Expected Outcome	Time/ Hours
TOTAL WEEKLY HOURS (Minimum 40 hours)				

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I certify that the information contained in this request is true and correct

Signature : _____

Date: _____