

# 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
<b>TOTAL WEEKLY HOURS</b> (Minimum 40 hours)				

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<b>TOTAL WEEKLY HOURS</b>				
(Minimum 40 hours)				

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

Signature : \_\_\_\_\_

Date: \_\_\_\_\_