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|  **Pre-Approval Form for Business Class Travel** |
| **Name** | **Department** | **Date** |
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| **Itinerary** |
| **Depart** | **Arrive** | **Length of Flight****(hrs)** | **Within Policy for Business****Travel:** |
| **City Date** | **City Date** |
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| **Policy:** [**http://finance.utoronto.ca/policies/gtfm/travel-and-other-reimbursable-expenses/travel-and-other-reimbursable-expenses-**](http://finance.utoronto.ca/policies/gtfm/travel-and-other-reimbursable-expenses/travel-and-other-reimbursable-expenses-) **policies-and-guidelines/#airrailtravel** |
| Class of ServiceAir – For domestic and international flights, the standard class of service is the least expensive economy class fare. All other business class and premium economy travel may be permitted (e.g., non-stop flights in excess of 6 hours, or for medical reasons) if pre-authorized by the principal, dean, director or chair. Rail – The standard class of service is the least expensive economy class fare. However, to destinations where the travel time exceeds 4 hours (e.g. Ottawa or Montreal) a business class fare is permissible. The rationale is that the cost of business class rail service in these cases would generally be less expensive than travel by air when considering the inclusion of meals in business class rail fares, potential savings in travel to the airport, and fare differentials.Caution: Some granting agencies, such as the Tri-Agencies, specifically limit air and rail travel reimbursement to the lowest available fare. [(http://finance.utoronto.ca/policies/gtfm/travel-and-other-reimbursable-expenses/travel-and-other-](http://finance.utoronto.ca/policies/gtfm/travel-and-other-reimbursable-expenses/travel-and-other-) reimbursable-expenses-policies-and-guidelines/#airrailtravel)**For the Department of Surgery, all requests must be approved by Dr. Carol Swallow prior to booking the flights.** |
| Request for pre-authorized approval for Business Class air travel, for the portions of the trip indicated as 'within policy', above: |
| **Applicant's Name** | **Title** |
|  |  |
| Applicant's Signature | **Date** |
|  |
| **Approved:** | **Date** |
| Dr. Carol Swallow, Chair |  |