

MILLENNIUM TRAVEL FUND ADVANCE

Please forward completed forms to: Accounting Department
Millennium Appliances, Inc.
3431 Bloor Street
Toronto, ON M8X 1G4
Tel (416) 795-2893 Fax (416) 795-3982

Name of Employee Requesting Advance: _____

Date of Request: _____

Employee Number: _____

Destination: _____

Reason for Travel: _____

Departure Date: _____

Return Date: _____

Date Advance Required: _____

Amount Requested:

Accommodation (Refer to Policy 430)	\$	_____
Meals (Refer to Policy 431)	\$	_____
Transportation (Refer to Policy 432)	\$	_____
TOTAL REQUESTED	\$	_____

Preferred Method of Payment/Distribution _____ Company Cheque _____ Traveller's Cheque

Balance Outstanding (includes this request) \$ _____

Authorization
(as per Schedule of Authorities)

Date of Authorization

Approval Limits

\$ 3 000 -Manager
\$10 000 -Director
\$10 000+ -President

Form 12-C

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