

P.O. Box 938, Strn "C"
 St. John's, NL
 A1C 5M3



**CANADIAN COAST GUARD AUXILIARY
 (NL) INCORPORATED
 TRAVEL AUTHORITY FORM**

| Name of traveller | | | Membership Number | |
|-------------------|--------|--------|-------------------|--------------------|
| Mailing Address | | | Telephone Number | |
| Reason for Travel | | | | No. of travel days |
| TRAVEL ITINERARY | | | | |
| Date | Depart | Arrive | From | To |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I certify that the above requested travel will be incurred whilst involved in CCGA (NL) Inc. business as authorized in accordance with the CCGA/CCG Contribution Agreement and the By-Laws of the Canadian Coast Guard Auxiliary – NL and the Treasury Board of Canada Travel Policy.

 Signature of Traveller

 Approved by

 Date

 Date