THE UNIVERSITY OF THE WEST INDIES

MONA CAMPUS

APPLICATION FOR SUBSISTENCE FOR LOCAL TRAVEL

(WIGUT CATEGORY)

NAME: **…………………………………………………………………………………………………………..**

DEPARTMENT/UNIT: **………………………………..…………………………………………………………**

POSITION: **………………………………………………………………………………………………………**

JUSTIFICATION FOR SUBSISTENCE: **………………………………………………………………………**

**……………………………………………………………………………………………………………………..**

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SPECIFIC DESTINATION(S) AND

PURPOSE OF TRAVEL: **……………………………………………………………………………………….**

**………………………………………………………………………………………………………………………**

DATES OF EXPECTED TRAVEL:

FROM: **…………………………………………………….**TO: **………………………………………………….**

SIGNATURE OF STAFF MEMBER: **………………………………………** DATE: **………………………..**

ACCOUNT CODES TO BE CHARGED:

F **…………………………..**O **………………………..** A**………………..………** P**………………………….…**

APPROVAL BY BUDGET HOLDER:

SIGNATURE OF BUDGET HOLDER: **……………………………………....** DATE: **…………………….…**

**PLEASE SEE REVERSE FOR ‘GUIDELINES FOR LOCAL TRAVEL/SUBSISTENCE RATES’**