

Research Travel Permit Form (Non-QU-Employee)

Name:	Project No.	
Type of Event: <input type="checkbox"/> Conference/Workshop <input type="checkbox"/> Other:		
Country/City:	Contact Info:	
Duration: From:	To:	
Bank Account Details:	Job #	
	of PI in QU	

Total Estimated Cost (QR):		
Air Ticket		No of days for per diem
Total Amount (QR)		

Budget Category		Item	
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Would you prefer to request 70% of the total estimated cost as an advanced payment?

Yes No

- Kindly note that the advanced payment should be closed within a maximum period of two months from travel date or it will be deducted from the salary of the custodian.
- Kindly note that total cost of travel should not exceed 20% of the requested amount.

Visa required by OAR? Yes No *(if Yes, please attach passport copy)*

I hereby certify that the above information is true and correct.

Signature of Traveler: _____ Date: _____

I hereby certify that the above information is true and correct.

Signature of Project PI
(if different than traveler): _____ Date: _____

I hereby certify that the above information is true and correct.

Signature of Research
Grant Coordinator: _____ Date: _____

Kindly make all the necessary action to:

Pay to the order of:			
Amount (QR):	Payment Method	<input type="checkbox"/> check	<input type="checkbox"/> Wire transfer

Signature of Post Award
Manager : _____ Date: _____