

FT Ref No.

(to be allocated by Chief
Executive's Office at
authorisation)

Foreign Travel Authorisation Form (FT1)

Team and Directorate: _____

Dates of Visit: _____

Destination (Place and Country): _____

Lead Officer (for coordination purposes): _____

Members Travelling (Name and Role):

Officers Travelling (Name and Job Title):

Reason for Visit:

Anticipated Benefits of Visit:

Relevant key area of activity from International Strategy (please tick)

- a) Forging strong links between the local and international business community – to maintain and attract further international investment, and support local and home-grown businesses to access global market places and compete internationally ☐
- b) Including an international dimension in the City's educational and cultural activities – to increase knowledge and understanding of other cultures, develop welcoming and inclusive communities, stimulate a sense of global citizenship and build the skills needed by employers operating in a global economy ☐
- c) Developing, and exchanging, good practice within international partnerships and networks – to build knowledge within Partnership organisations and improve services ☐
- d) Engaging with EU policy-making and legislation – to influence areas which may impact on the City, and identify opportunities to implement EU policies and initiatives which will benefit Sunderland and its residents ☐
- e) Raising the profile of Sunderland internationally – to influence individuals and businesses in their decisions about where to live, work, visit, study and invest and to support the ongoing development of the City's economy. ☐
- Other (please specify) ☐
-
-

Estimated total cost of visit (inc travel, subsistence, accommodation) _____

Budget Heading(s) from which costs will be met: _____

Please specify the following:

Are all or part of the costs are to be met from external funding? Yes ☐ No ☐

If Yes, please highlight any requirements which differ from the Council's Foreign Travel Policy e.g. class of travel, use of allowances/direct costs for accommodation or subsistence and how they will be addressed

Do you anticipate hospitality costs will be incurred during the visit? Yes ☐ No ☐

If Yes, please summarise

Do the estimated costs include amounts for subsistence above the standard allowances (see FT Policy 4.3)

Yes ☐ No ☐

If Yes, please summarise

AUTHORISATION**Chief Officer Certification**

I certify that the above details are correct and that adequate funds exist within the budget heading detailed to meet the costs of this journey.

Chief Officer - Signature: _____ Date: _____

Chief Executive - Signature: _____ Date: _____

Leader - Signature (if appropriate): _____ Date: _____

NB The FT2 Foreign Travel Reconciliation Form should be completed within three months of this visit taking place