

VISITORS

FOR PURPOSES OF THIS FORM, VISITORS ARE DEFINED AS:

- A person who will be working at TRIUMF for two weeks or more

AND

- Who will have a financial impact, either a salaried appointment or other expenses, on TRIUMF

THIS FORM IS NOT INTENDED TO CAPTURE ALL VISITORS TO TRIUMF, ONLY THOSE MEETING THE ABOVE CRITERIA.

VISITOR INFORMATION

Name: _____

Institution: _____

Address while at TRIUMF: _____

Arrival date: _____ Departure date: _____ Is medical ins required? _____

Reason for visit: _____

Division Responsible: _____ TRIUMF Contact: _____

Financial Commitments:

Salary: _____ SIN: _____ Birth Date: _____

Is Housing required? _____ If yes, what type of Housing _____

| Other expenses: | <u>Type</u> | <u>Amount</u> |
|-----------------|-------------|---------------|
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

Division Head Signature

Cc Accounting
Human Resources
TRIUMF House