

Travel Claim
Travel Advance
Advance Clearance

Travel Expense Claim Form

Student Faculty Other:		UBC ID #					
Last Name:	First Name:		Preferred Name:				
Address:							
City: Prov	ince:	Country:	Postal Code:				
Email:		Phone:					
Frip Details							
Field Trip Conferer	nce Workshop/Ti	raining	Other:				
Destination(s):							
Departure Date:	Return Date:		# of days:				
Name of Conference(s)/Project(s):	·						
Specific Tasks Completed:							
Expense Distribution							
Worktag / Speedchart:	Allocation to ea	Allocation to each Worktag / Speedchart:					
Deimburgen Dueferen							
Reimbursement Preferences ☐ EFT ☐ Mail cheque to a	address above	to address b	elow Pick up from central finance				
EFT Minimum cheque to a	iddless above	to dudi C33 b					
Tr	avel Expense C	Claim Cho	ecklist				
In order to minimiz	e any delays in reimbur	sement pleas	e ensure that your claim includes:				
Numbered original itemized red	eipts that detail the pay	yment metho	d or a Lost Receipt Form				
List of attendees for any shared	meal expenses						
If the traveller has assumed expenses for any other person the other person will need to sign as a traveller							
OPTIONAL - To be reimbursed the exact amount paid travellers may wish to accompany their original itemized							
receipts with a credit card statement. If no exchange rate documentation is provided Civil Finance will use							
	of the transaction. Any	unnecessary	information will be redacted from the				
statement	T 10 11 (1) (5 5 5)						
	TriCouncil (NSERC) I	keimbursei	nents				
Original boarding passes or a Lo	·						
Conference program or prospec	tus						

Travel Expense Breakdown

			Original Currency	For office Exchange	ce use only Amount in
Receipt #	Transaction Date	Description of Expense Item	Amount	Rate	CAD
			0		
	 Traveller Signature	Grantholder Signa			
	Haveller Signature	Grantifolder Signa	iture		
	Traveller's Name	Grantholder's Nar	ne		
	Date	 Date			
	Decimal and the series from the series				

By signing this claim form, I assert:

granting agency policies; and
(3) that I understand that the Finance Clerk may make adjustments to the amounts claimed in order to meet UBC or granting agency policies.

By signing this claim form, I assert: (1) that I am a signing authority for the Project/Grants indicated; and

(2) that I am a signing authority for the Project/Grants indicated, and
(2) that I authorize the reimbursement of these expenses from said Project/Grants.

NB: You can't authorize reimbursements to yourself. The Finance Clark will seek

(NB: You can't authorize reimbursements to yourself. The Finance Clerk will seek authorization from the Head on your behalf.)

⁽¹⁾ that this is the first and only time that these expenses have been / will be claimed; (2) that these expenses have been incurred in accordance with all applicable UBC and granting agency policies: and