

TRAVEL CLAIM

Payee Full Legal Name				Student/Employee #				Date of Birth (mm-dd-yy)					
Address (Enter your personal address. c/o UNBC Addresses are NOT permitted)				Destination & Purpose of Travel (Specify City, Country, and Conference or Meeting name)									
Mail		Direct Deposit		Pick Up		Travel Dates:		From		To			
* For NSERC/SSHRC/CIHR Travel, please refer to the appropriate guidelines. Travel and Business Expense Policy and Procedures: http://www.unbc.ca/policy/finance.html Expenses should be shown in the currency of the country visited. Privacy accommodation rate is \$40.00 per night.													
Date mm-dd-yy	Expense Description	FUND	ORGN	ACCT	PROG	ACTV	LOCN	Meals/Incidentals B-\$18, L-\$20, D-\$42, I-\$10					TOTAL
								B	L	D	I	Total	
GRAND TOTAL													
Standard Personal Vehicle Allowance is .62¢ per KM.						Personal Vehicle Allowance: _____ km x \$.62 =							
Please attach supporting documents securely with a staple. Travel authorization form must be attached. Incomplete forms may cause delays in payment; please allow three (3) weeks for processing.								LESS TRAVEL ADVANCE (-)					
								Due to Claimant			NET		
								University					
CERTIFICATION OF CLAIMANT/PRINCIPLE INVESTIGATOR: I hereby certify that these expenditures are true and correct, that the whole expenditure is a proper charge against University funds administered by the University and that the amounts claimed have not previously been claimed and/or paid to me on my behalf. Research Grants: I hereby certify that these expenses are in accordance with the budget of the grant/contract and they adhere to the policies & procedures of the granting agency(ies).													

Signature of Claimant	Please Print Name	Date (mm-dd-yy)	Phone #
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Signature of Supervisor *	Please Print Name	Date (mm-dd-yy)	Phone #
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*By, Signing, I acknowledge that any errors or incomplete forms will be returned to me and/or my department to correct and resubmit.