

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


University

NET

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 #

Signature of Supervisor *

Please Print Name

Date (mm-dd-yy)

Phone #

*By, Signing, I acknowledge that any errors or incomplete forms will be returned to me and/or my department to correct and resubmit.