

\* For NSERC/SSHRC/CIHR Travel, please refer to the appropriate guidelines.

Expenses should be shown in the currency of the country visited.

Privacy accommodation rate is \$40.00 per night.

**GRAND TOTAL**

**Personal Vehicle Allowance:**                      km x \$.62 =

**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.*