

TRAVEL CLAIM

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Payee Full Legal Name				Student/Employee #					Date of Birth (mm-dd-yy)						
Address (Enter your personal address. c/o UNBC /	Destinati	Destination & Purpose of Travel (Specify City, Country, and Conference or Meeting name)												
Mail	Direct Deposit Pick Up		Travel Da	ates:	From			То							
* F	or NSERC/SSHRC/CIHR Travel, pleas	se refer to the appropriate guid	lelines.												
Travel and B Expenses sh	usiness Expense Policy and Procedures ould be shown in the currency of the commodation rate is \$40.00 per night.	s: http://www.unbc.ca/policy/finan													
Date mm-dd-yy	Expense Description			ORGN	ACCT	PROG	ACTV	LOCN	Meals/Incidentals B-\$18, L-\$20, D-\$42, I-\$10					TOTAL	
									В	L	D	I	Total	<u> </u>	
												<u> </u>			
										G	RAN	D TC	TAL		
	Standard Personal Vehicl	KM.	Personal Vehicle Allowance:km								n x \$.62 =			
Please attach supporting documents securely with a staple.				·						LESS TRAVEL ADVANCE (-)					
Travel au	thorization form must be attac							Due to Claimant							
	te forms may cause delays in								iversi	•					
the Universit	FION OF CLAIMANT/PRINCIPLE INVE y and that the amounts claimed have no rants: I hereby certify that these expens	t previously been claimed and/or	paid to me on my beh	nalf.								sity fur	nds adn	ninistered by	
	Sunny Geng														
Signature of Claimant				Please Print Name				Date (mm-dd-yy) Phone #				ne #			
Signature of	-	Please Prin	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.