

TRAVEL CLAIM

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Payee Full Legal Name				Student/Employee #							Date of Birth (mm-dd-yy)						
Address (E	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										
* Fc	or NSERC/SSHRC/CIHR Travel, pleas	se refer to the appropriate quidel	lines.														
Travel and Bo	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/finance															
Date	Expense Description			ORGN	ACCT	PROG	ACTV	LOCN	Meals/Incidentals B-\$18, L-\$20, D-\$42, I-\$10					TOTAL			
mm-dd-yy									В	L	D	· · ·	Total				
									-								
			1	•		•	•	1		G	RAN	D TO	TAL				
	Standard Personal Vehicl	И.	Personal Vehicle Allowand						e:km x \$.62 =								
Please attach supporting documents securely with a staple.										LESS TRAVEL ADVANCE (-)							
Travel aut	horization form must be attac							Due to Claimant									
	e forms may cause delays in									versity NET							
the University	TON OF CLAIMANT/PRINCIPLE INVE and that the amounts claimed have no cants: I hereby certify that these expens	t previously been claimed and/or page	aid to me on my bel	nalf.		·						sity fun	ds adn	ninistered by			
	Junny Gene																
Signature of Claimant				Please Print Name				Date	Date (mm-dd-yy) Phone #								
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.