

TRAVEL CLAIM

Payee Full Legal Name				Student/Employee #						Date of Birth (mm-dd-yy)						
Address (Enter your personal address. c/o UNBC Ad	Destinati	Destination & Purpose of Travel (Specify City, Country, and Conference or Meeting name)													
Mail	Direct Deposit	Pick Up	Travel Da	ravel Dates:		From		То								
* Fo	or NSERC/SSHRC/CIHR Travel, please	refer to the appropriate guidel	ines.													
Expenses sh	usiness Expense Policy and Procedures: ould be shown in the currency of the coun mmodation rate is \$40.00 per night.	http://www.unbc.ca/policy/finance try visited.	e.html													
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		Total			
												\longrightarrow				
						1				GF	RANI	р то	TAL			
Standard Personal Vehicle Allowance is .62¢ per KM.				Personal Vehicle Allowa					nce:km x \$.62 =							
Please attach supporting documents securely with a staple.									LESS TRAVEL ADVANCE (-)				(-)			
Travel aut	horization form must be attach	(0)	weeks for processing.					Due to Claimant				ET				
									University							
the University	TION OF CLAIMANT/PRINCIPLE INVEST y and that the amounts claimed have not p rants: I hereby certify that these expenses	previously been claimed and/or pa	aid to me on my beh	alf.	•	·						ty fund	ds adn	ninistered by		
	Gunna Geng															
				Please Print Name				Date	Date (mm-dd-yy) Phone #							
Signature of Supervisor *				Please Print Name						Date (mm-dd-yy) Phone #						
*Dy Cianina	Lacknowledge that any arrare or incompl	ata farma will be returned to me a	and/or my donortmo	nt to correct	and resultm	iŧ										

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