

Payee is: ☒ Employee ☐ Student ☐ Visitor

| | | | |
|---|---|-------------------------------|------------------------------------|
| Claimant Name (First Name Surname) Nikolay Videnov | Employee/Student Number 242609 / 20565542 | Department IQC | Date Prepared 10/21/2018 |
| Mailing Address: 95 Marshall st | | | |
| City Waterloo | Province/State/Country ON | Postal Code N2J 2T5 | |
| Destination / Reason for request Attended a conference in Edmonton Alberta. | | | |

| | |
|--|--|
| Travel Advance Request \$ _____ | Pay to _____ (select from dropdown) |
| Dates of Travel _____ To _____ | Number of Days _____ 5 |
| DD-MMM-YY DD-MMM-YY | Authorized Signature |

| Date | Description | Travel | Other | Exch Rate | TOTAL |
|----------------|------------------------------------|-------------|-------|-----------|-------------|
| 15-19 Aug 2018 | Airplane Ticket | \$ 419.37 | | 1.00 | \$ 419.37 |
| 15-19 Aug 2018 | Accommodation at Conference | \$ 378.00 | | 1.00 | \$ 378.00 |
| | University of Alberta Travel Grant | \$ (297.37) | | 1.00 | \$ (297.37) |
| | | | | 1.00 | \$ - |
| | | | | 1.00 | \$ - |
| | | | | 1.00 | \$ - |
| | | | | 1.00 | \$ - |
| | | | | 1.00 | \$ - |
| Totals: | | \$ 500.00 | \$ - | | \$ 500.00 |

Has an Advance been issued? (Yes or No) _____
 If yes, then provide Advance Claim # _____

Less Travel Advance _____
Total Reimbursement \$ 500.00
Currency CAD**

ALL ORIGINAL DOCUMENTATION MUST BE ATTACHED

**Employees/Students paid in \$CDN; Visitors can be paid in home currency

Exchange rates can be found at: <https://www.oanda.com/currency/converter/>

| Account | Work Order | Activity | Amount | Account Holder's Signature |
|----------------------------|------------|----------|--------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 10270 | | | | |
| Total Reimbursement | | | \$ - | Reimbursement totals do not match |

I certify that all expenditures in this claim adhere to the University's policies*, were incurred by me for University purposes and have not been/will not be reimbursed from another source.

Signature of Claimant: _____

**In the event that the University reimbursed a claimant for expenses which are later found to be ineligible, the claimant will be required to reimburse the University.*

I certify that all expenditures in this claim adhere to the University's policies and were incurred for University purposes.

Signature of Supervisor: _____ **Print Name:** _____

I certify that this claim is complete and accurate and all expenditures adhere to the University's policies.

Signature of Department Designated Reviewer: _____