This form must be attached to the supporting documentation package for any Travel and Expense Reimbursement or Advance request that has been filled out **electronically** by a **Delegate** on behalf of a claimant.

Instructions:

- 1) Fill in the Event Destination (if applicable), Event Dates, and Purpose of Claim fields, as applicable to the Claim.
- 2) Check the box for either a Reimbursement or Advance Request.
- 3) Print the form.
- 4) Sign and date the appropriate declaration.
- 5) Deliver the form to your delegate along with the supporting documentation for your request.

Claimant Name	Richard Schuster		Claimant ID #	101064729
Event Destination:	-		Event Dates:	9 May 2020
Purpose of Claim:	Article processing charge (Open Acces	s)		
✓ Reimbursement				
I certify that all expenses submitted are in accordance with University policy and will not be used as claims to other organization(s) or for Income Tax purposes.				
Signature (Claiman	it)			8 June 2020 Date
Advance				
University. This provide all requ	5	t on it within vhen submitti	10 working da ng my claim, i	
	.+)			 Date
•				Date
	ompleted by Delegate)			
Document Code: —				
Delegate Name:				
Pavment Amount Re	equested:			Garleton