



**University  
of Manitoba**

## Guest / Student Travel & Business Claim Form


UofM Employees must use Concur

RN \_\_\_\_\_



other \_\_\_\_\_

reference: \_\_\_\_\_

### A Claimant Information [all information in this section is required]

<b>Guest</b> <b>Student</b> <b>Other</b> <small>(explain in Section B)</small> Employee/Student ID# _____	<b>Claimant Name:</b> <small>(first/middle/last)</small>		<b>Claim Date:</b> <small>mmm-dd-yy</small> 
	<b>Home Mailing Address:</b> <small>(claimants will be paid by cheque)</small>		
	<b>Phone:</b>	<b>Email:</b>	


### B Travel Information [all information in this section is required]

<b>Departure Date:</b>		<b>Return Date:</b>		<b>Trip Destination:</b>
<b>Purpose of claim:</b> <small>How does this relate to University business? If claiming on a Research fund, how does this relate to the research project? Is any extra context around special circumstances necessary to process this claim?</small>				
<b>Are these all the expenses related to the trip?</b>		<b>Yes</b> <b>No</b>	<b>If no, what's missing?</b>	


### C Research Funding Section (required information for all research expenses)

<b>Claimant Relationship to Grant:</b>	Grantee	Student researcher	Research personnel	Visiting researcher	Other:
<b>Type of Trip:</b>	Conference	Collaborative Trip	Field Work	Other:	

### D Authorization (please determine the "authorities" based on the FOAPs used on page 2. These signatures should be obtained as the last part of completing this form.)

I hereby certify that this is a correct statement of expenses which were incurred on University business and that all actual or anticipated payments or reimbursements from others have been incorporated (in compliance with UofM Travel and Business Expense procedures).		
<b>Claimant's Signature</b>		<b>Date:</b> 
<b>Financial Authority 1</b>	(please print)	Signature
<b>Financial Authority 2</b>	(please print)	Signature
<b>Financial Authority 3</b>	(please print)	Signature
<b>Financial Authority 4</b>	(please print)	Signature
<b>Department Contact</b>	<b>Name:</b>	<b>Phone/Email:</b>

**E Summary of Expenses**

<b>Date:</b> 	<b>Expense Description:</b> <i>Indicate exchange rate used if applicable</i>	<b>Amount Paid</b>	<b>Currency</b>	<b>Amount Requested</b>	<b>Req'd Currency</b>
			<b>Paid in</b>		
<b>Total Expenses:</b>					

**F Payment Summary – To be completed by University Department**

<b>F</b>	<b>O</b>	<b>A</b>	<b>P</b>	<b>Amount</b>	<b>Currency</b>	<b>Amount in CAD</b>
<b>Total:</b>						

**Banking Information Attached**

All claims requesting International (outside of North America) bank transfers must be accompanied with a fully completed  
[Bank Transfer Request Form](#)

*Note: the total in Section E must match the total in Section F.*