

Travel Expense Claim Form

| Travel Claim |
|-------------------|
| Travel Advance |
| Advance Clearance |

| Traveller Information | | | | | | | | |
|---|--------------------------|---------------|----------|-------------------------|--|--|--|--|
| Student Faculty Other: | | ID# | | | | | | |
| Last Name: | First Name: | | Preferre | d Name: | | | | |
| Address: | | | | | | | | |
| City: Prov | ince: | Country: | | Postal Code: | | | | |
| Email: | | Phone: | | | | | | |
| Trip Details | | | | | | | | |
| Field Trip Conferer | nce Workshop/Tr | aining | Other: | | | | | |
| Destination(s): | | | | | | | | |
| Departure Date: | Return Date: | | | # of days: | | | | |
| Name of Conference(s)/Project(s): | | | | | | | | |
| Specific Tasks Completed: | | | | | | | | |
| | | | | | | | | |
| Expense Distribution | | | | | | | | |
| Trust Account # | Allocation to each | ch Trust Acco | ount: | | | | | |
| Reimbursement Preferences | | | | | | | | |
| ☐ EFT ☐ Mail cheque to a | ddress above | to address b | elow [| Pick up from PR finance | | | | |
| | | | | | | | | |
| Travel Expense Claim Checklist | | | | | | | | |
| In order to minimize any delays in reimbursement please ensure that your claim includes: | | | | | | | | |
| Numbered original itemized receipts that detail the payment method or a Lost Receipt Form List of attendees for any shared meal expenses | | | | | | | | |
| If the traveller has assumed exp | enses for any other pers | | - | | | | | |
| OPTIONAL - To be reimbursed the exact amount paid travellers may wish to accompany their original itemized receipts with a credit card statement. If no exchange rate documentation is provided PR Finance will use online bank rates for the day of the transaction. Any unnecessary information will be redacted from the statement | | | | | | | | |
| | | | | | | | | |

Travel Expense Breakdown

| | | | Original Currency | For office Exchange | ce use only Amount in |
|-----------|--|-----------------------------|----------------------|------------------------|--------------------------|
| Receipt # | Transaction Date | Description of Expense Item | Amount | Rate | CAD |
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| | | Grantholder Signa | | | |
| | Haveller Signature | Grantifolder Signa | iture | | |
| | Traveller's Name | Grantholder's Nar | ne | | |
| | Date | Date | | | |
| | Decimal and the series from the series | | | | |

By signing this claim form, I assert: (1) that I am a signing authority for the Trust Account indicated; and (2) that I authorize the reimbursement of these expenses from said Trust

Account(s) (NB: You can't authorize reimbursements to yourself. The Finance Coordinator will seek authorization from the Head on your behalf.)

By signing this claim form, I assert: (1) that this is the first and only time that these expenses have been / will be claimed;

⁽²⁾ that these expenses have been incurred in accordance with all applicable PR and

granting agency policies; and
(3) that I understand that the Finance Coordinator may make adjustments to the amounts claimed in order to meet PR or granting agency policies.