

TRAVEL CLAIM A

THE INFORMATION REQUIRED IN BLOCKS MUST BE COMPLETED. DO NOT COMPLETE SHADED AREAS.

CLAIMANT _____
 DEPT. _____
 FACULTY _____
 TITLE _____
 BARGAINING UNIT _____

HOME ADDRESS _____

 SEND CHEQUE _____

DETAILS OF TRAVEL

TIME DEPARTED _____ TIME RETURNED _____

| YEAR/DATE | PARTICULARS | DOC. # | MEALS | HOTEL OR LODGING | TRAVEL | OTHER | EXCH. RATE | EXCH. | TOTAL |
|-----------|-------------|--------|-------|------------------|--------|-------|------------|-------|-------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

COLUMN TOTALS

I hereby certify that the whole of the expenditure stated in the foregoing account was actually and necessarily incurred on University business and that these expenses comply with the University Travel Guidelines published as policy T-1 and that none of these expenses have been or will be reimbursed from any other source of funds. Refer to sheet B for instructions on completing your claim.

Total advance held before above expenses incurred _____
 Advance since received _____
 Total _____
 Total of above expenses _____
 Balance due University _____
 Balance due claimant _____

REQUIRED ADMINISTRATIVE APPROVALS

I ACKNOWLEDGE RESPONSIBILITY THAT ALL EXPENDITURES ARE VALID, IN COMPLIANCE WITH THE POLICIES OF THE UNIVERSITY AND THAT SUFFICIENT FUNDS ARE AVAILABLE TO COVER THE EXPENDITURES.

Admin. Signature _____ Date _____

Vice-President _____ Date _____

Financial Svs - Audit _____ Date _____

 Signature of Claimant

JV # _____

Inv Doc # _____ Vendor/Student ID _____ Encumbrance _____ Due Date MM/DD/YY _____ Bank # _____
 I _____ ET _____

Vendor Invoice # _____ Description _____ 1099 Code _____ Del Point _____

| Fund | Organization | Account | Program | Activity | Location | Amount |
|------|--------------|---------|---------|----------|----------|--------|
| | | | | | | |

| Fund | Organization | Account | Program | Activity | Location | Amount |
|------|--------------|---------|---------|----------|----------|--------|
| | | | | | | |

| Fund | Organization | Account | Program | Activity | Location | Amount |
|------|--------------|---------|---------|----------|----------|--------|
| | | | | | | |