

## TRAVEL CLAIM

Payee Full Legal Name  Address (Enter your personal address. c/o UNBC Addresses are NOT permitted)					Student/Employee #				Date of Birth (mm-dd-yyyy)						
					Destination & Purpose of Travel (Specify City, Country, and Conference, Event, or Meeting name)										
Mail	nil Direct Deposit Pick Up			Travel Dates: From				То							
* FOR NSI	ERC/SSHRC/CIHR TRAVEL, please refe	r to the appropriate qui	idelines.	(	737										
Travel and B Expenses sh	usiness Expense Policy and Procedures: ould be shown in the currency of the coun mmodation rate is \$40.00 per night.	http://www.unbc.ca/polic													
Date (mm-dd-yy)	Expense Description		FUND	ORGN	ACCT Select or enter ACCT code.	PROG	ACTV Select or enter ACTV code.	LOCN	Meals/Incidentals B-\$18, L-\$20, D-\$42, I-\$10				TOTAL		
(mm dd yy)									В	L	D		Total		
												$\vdash$			
												$\vdash$			
												$\vdash$			
												$\vdash$			
												$\sqcup$			
											GRA	ND TO	OTAL		
	Standard Personal Vehicle Al		Personal Vehicle Allowance:km x \$.62 =												
Please attach supporting documents securely with a staple.										LESS TRAVEL ADVANCE (-)					
	thorization form must be attach te forms may cause delays in pa	2) wooks	wooks for processing					Due to Claimant NET							
	TION OF CLAIMANT/PRINCIPLE INVEST						and a companditure is	a propor ok		Jnive	•			niniatored by	
the Universit	y and that the amounts claimed have not prants: I hereby certify that these expenses	reviously been claimed	and/or paid to	me on my b	ehalf.		·		•	•		ersity iu	inus aur	ninistered by	
Signature of Claimant				Please P	Please Print Name				Date (mm-dd-yy) Phone				one#		
Signature of Supervisor *  *Pu Signing Legisland to the same arranger or incomplete forms will be returned to me and/or.					Please Print Name					Date (mm-dd-yy) Phone #					
*Dv Cianina	I caknowledge that any arrare or incompl	ata farma will ba raturna	d to mo and/a	r mu danadr	nant to carract and	roouhmit									

<sup>\*</sup>By, Signing, I acknowledge that any errors or incomplete forms will be returned to me and/or my department to correct and resubmit.