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| **TRAVEL CLAIM EXPENSES REPORT** | | | | | | | | | | | | | |
|  |  |  |  |  | |  |  |  |  |  | |  |  |
| **TRAVELER:** | |  | |  | | | | **DEPARTMENT:** | | **Faculty of Education** | | | |
| **PAYABLE TO (if different than traveler)** | |  | | **DEPARTURE DATE:** | | Click or tap to enter a date. | | | |
| **MAILING ADDRESS:** | |  | | **RETURN DATE:** | | Click or tap to enter a date. | | | |
|  |  |  | | **DESTINATION:** | |  | | | |
|  |  |  | |  |  |  | |  |  |
| **REASON FOR TRIP:** | |  | | **G/L ACCOUNT #:** | |  | | | |
|  |  |  |  |  | |  |  |  |  |  | |  |  |
| **EXPENDITURES CLAIMED** | | | | | | | | | | | | | |
| Attach Receipts where needed - Use additional claim if more space is needed | | | | | | | | | | | | | |
| **Date** | **Description** | | **# Km \*** | | **Transport** | **Lodging** | **Meals** |  | **Other** | **GST \*\*** | | **HST** | **TOTAL** |
|  |  | |  | | **($0.51 per km)** |  | **Per Diems**  **Breakfast - $12**  **Lunch - $16**  **Dinner - $26**  **DAILY $54** | **Receipts** |  |  | |  |  |
|  |  | |  | |  |  |  |  |  |  | |  |  |
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|  |  | |  | |  |  |  |  |  |  | |  |  |
| **TOTAL** | | | **km** | | **$** | **$** | **$** | **$** | **$** | **$** | | **$** | **$** |
|  |  |  |  | |  |  |  | **Total expenses** | | **$** |  | | |
| \* No Receipts are required for reimbursement related to kilometer and per diem reimbursements. Current per diem rates are noted in columns. | | | | | | | | **Less Advance** | | **$** |  | | |
| \*\* Applicable only to expenses incurred in Canada but outside of NS, NB, NL, PEI and ON | | | | | | |  | **Balance Due to Claimant** | | **$** |  | | |
|  |  |  |  |  | |  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |  |  |  | |  |  |
| **I hereby certify that this claim is correct and that all expenditures were necessarily incurred with due regard to reasonable economy.** | | | | | | | | | **FOR USE OF BUSINESS OFFICE:** | | | | |
|  |  |  |  |  | |  |  |  |  |  | |  |  |
|  | | |  |  | |  |  |  | Checked by: |  | |  |  |
| **Signature of Claimant** | |  |  |  | |  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |  | Date: |  | |  |  |
|  | | |  |  | |  |  |  |  |  | |  |  |
| **Approved By:** | | |  |  | |  |  |  |  |  | |  |  |