

### Travel Expense Reimbursement Claim

\* Adobe Reader version XI is required for optimal use of this form

(Do not use this form to claim expenses that were not incurred during travel)

How to complete this form

This form is to claim reimbursement for travel expenses paid while travelling on UVic business.

Responsibility for complete, accurate, compliant and properly authorized claims rests with account holders and preparers.

Accounting Services Use Only

|              |               |                                   |
|--------------|---------------|-----------------------------------|
| Banner Inv # | Banner Doc #: | Date Received in Accounts Payable |
|--------------|---------------|-----------------------------------|

|   |                                     |                                    |
|---|-------------------------------------|------------------------------------|
| <b>PAYEE INFORMATION</b>  | UVic ID#:                           | <b>DETAILS or PURPOSE OF TRIP:</b> |
| Pay to: (Last Name, First, Initials)                                    |                                     |                                    |
| Employee:   | Student:      Other:      (Specify) |                                    |
| Mailing Address:      (No PO Boxes allowed if wire payment is required) |                                     |                                    |

|                           |                 |   |
|---------------------------|-----------------|---|
| Dates of Business Travel: |                 | Payment will be mailed to the payee address provided or direct deposited if default. If special handling is required explain below: |
| From: (dd-mmm-yy)         | To: (dd-mmm-yy) |   |
| City:                     | Prov:           |   |
| P/Code:                   | Country:        |   |

**TRIP and RECEIPT DETAILS** (group receipts by day, similar item type [taxis, ferry, etc] or currency) Not enough room? [Attach supplementary form.](#) Per Diems - B \$12 / L \$13 / D \$28 in CAD, USD, EUR, GBP. If incurred in other currency, use the currency that most closely reflects the true cost incurred.

Missing receipts? [Attach declaration](#)

| #  | Date (dd-mmm-yy) | Description/Supplier | Transport | Lodging | Incidentals | Foreign Exch | Amount | Mileage KMs | Per diem Foreign Exch | Breakfast | Lunch | Dinner | Total Expense |
|----|------------------|----------------------|-----------|---------|-------------|--------------|--------|-------------|-----------------------|-----------|-------|--------|---------------|
| 1  |                  |                      |           |         |             |              |        |             |                       |           |       |        |               |
| 2  |                  |                      |           |         |             |              |        |             |                       |           |       |        |               |
| 3  |                  |                      |           |         |             |              |        |             |                       |           |       |        |               |
| 4  |                  |                      |           |         |             |              |        |             |                       |           |       |        |               |
| 5  |                  |                      |           |         |             |              |        |             |                       |           |       |        |               |
| 6  |                  |                      |           |         |             |              |        |             |                       |           |       |        |               |
| 7  |                  |                      |           |         |             |              |        |             |                       |           |       |        |               |
| 8  |                  |                      |           |         |             |              |        |             |                       |           |       |        |               |
| 9  |                  |                      |           |         |             |              |        |             |                       |           |       |        |               |
| 10 |                  |                      |           |         |             |              |        |             |                       |           |       |        |               |
| 11 |                  |                      |           |         |             |              |        |             |                       |           |       |        |               |
| 12 |                  |                      |           |         |             |              |        |             |                       |           |       |        |               |

|                      |          |   |
|----------------------|----------|---|
| Mileage Rate: .48/KM | Total KM | >>>>>>>>>>>>Mileage Amount>>>                               |
|                      |          | Total Travel Expenses                                       |
|                      |          | Deduct Travel Advances (enter a negative amount) ( CR )     |
|                      |          | Deduct Prepaid Air / Other (enter a negative amount) ( CR ) |

Is currency conversion required? If "yes", specify: \_\_\_\_\_

Currencies other than CAD/USD will be paid by wire, attach [Wire Transfer Information Form.](#)

| EXPENSE ALLOCATION (please group allocations by same coding) |             |          |         |          |          |          |        | Total Reimbursement |     |        |
|--|-------------|----------|---------|----------|----------|----------|--------|---------------------|-----|--------|
| #  | Description | Fund (5) | Org (5) | Acct (4) | Actv (6) | Locn (6) | Amount | Base                | GST | Exempt |
| 1  | MILEAGE     |          |         | 7005     |          |          |        |                     |     |        |
| 2  |             |          |         |          |          |          |        |                     |     |        |
| 3  |             |          |         |          |          |          |        |                     |     |        |
| 4  |             |          |         |          |          |          |        |                     |     |        |
| Total Allocated Expenses                                     |             |          |         |          |          |          |        |                     |     |        |

|  |       |            |                  |  |  |
|--|-------|------------|------------------|--|--|
| <b>Who to contact about this claim:</b>      |       |            |                  |  |  |
| Contact Name                                 | Phone | Department | Email            | Claimant's One over One Approver Signature |  |
| Claimant's Signature (or attach declaration) |       |            | Date (dd-mmm-yy) | Approver's V#                              |  |
| Account Holder's Signature (Delegate)        |       |            | Printed Name     | Printed Name                               |  |
| Title  |       |            |                  |  |  |

I attest that the expenses claimed are original and legitimate; incurred on authorized UVic business and have been reduced by any discount, rebate or claim made against other sources.

I authorize these expenses to be charged to the account(s) noted and confirm that sufficient budget exists. **NOTE:** If claimant is also the account holder, only sign once.

I certify that I have reviewed this claim and find it to be reasonable and in compliance to UVic and/or Granting Agency policies.

**If higher authorization is required due to policy please forward on.**