

TRENT UNIVERSITY EXPENSE REIMBURSEMENT SHORT FORM

INSTRUCTIONS (a) Complete all Sections (b) Attach original receipts (c) Obtain second signature from supervisor/chair/ (d) Forward to Accounts payable
AVP Research

C	DATE _____ CLAIMANT _____ (print name) _____ STAFF _____ STUDENT _____ OTHER _____																						
	MAIL CHEQUE University department/building _____ Home Address (non-employees only) _____ POSTAL CODE: _____ Phone No. _____ Other instructions: _____																						
A	REASON FOR EXPENSES (be as specific as possible and attach additional sheets if necessary)																						
	EXPENSES FOR THE PERIOD FROM _____ TO _____ I certify that the expenditures have been incurred by me for University purposes, that they have not been reimbursed from another source, that funds are available in the account to which this expenditure is charged, and that this Expense Claim form has been completed accurately and is supported with original receipts where so required in accordance with the University's Policies and Procedures for Reimbursement of Travel and other Business Expenses. (IF APPLICABLE) I certify that all expenditures charged to my research account(s) are for purposes for which the funds were received, that these charges have not been claimed from other organizations, and that reimbursements for expenditures received from other organizations will be disclosed to the University. I understand that if my reimbursement request contains any items not eligible for reimbursement OR not supported by appropriate receipts, the item(s) will not be reimbursed and remain my personal responsibility.																						
M	REQUESTED BY _____ DATE _____ <small>(claimant's signature - a claimant must have one form for each trip)</small>																						
	If the reimbursement is being charged to a research account and the claimant is not the principal investigator, please state the claimant's association to the principal investigator. Circle one: research assistant - post doctoral fellow - technician - coinvestigator - subcontractor - other (if selecting other please provide a detailed explanation in the space provided)																						
A	I certify that the expenditures in this claim are reasonable and were incurred for University purposes. If the charges are against research accounts, I certify that the expenses are in accordance with the research funding guidelines.																						
	APPROVED BY _____ DATE _____ <small>(Claimant's supervisor/Research account holder) Position</small>																						
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