QUAA Travel Expense Claim Form

Note: This form is only to be used for reasonable accommodation for travel by a Volunteer or Trustee on Queen's business.

Location _____   Purpose of Travel

Date of Travel: From: _____   To: _____

	Total Expenses (in Cdn $)	GST Included in Total	Reimbursement Ceilings:	
Accommodation	_____	_____	4,000 km or more round trip	Max $1,200
Transportation	_____	_____	Between 2,000 and 3,999 km round trip	Max $800
Mileage (calculate@ $0.40/km)	_____	_____	Between 800 and 1,999 km round trip	Max $400
Miscellaneous* (e.g., taxi)	_____	_____	Less than 800 km round trip	Max $200
Total Claim	_____	_____		

Foreign Currency:

Please indicate below the total expenses paid in foreign currencies:

* List Miscellaneous Expenses:

Currency	Amount	Exchange Rate
_____	_____	_____
_____	_____	_____
_____	_____	_____

Required Documentation: Financial Services will not process your claim without the following:
1) original receipts
2) if travel booked electronically: e-ticket plus itinerary boarding passes
   if travel booked by travel agent: travel agent's original invoice plus ticket stub

☐ I wish to donate $_____ of the above claim to the Queen's University Alumni Association Projects Fund

☐ I wish to donate $_____ of the above claim to the Queen's University for another established use (e.g., Queen's Annual Fund) [Please specify below]

_____

☐ I do not wish to donate any of the above claim

Name of Claimant: _____

Mailing Address: _____

Please send travel claim form to:

Nikki Remillard
Alumni Relations
55 Stuart St
Queen's University
Kingston, ON K7L 3N6

I certify that all expenditures in this claim form adhere to the Queen's University Alumni Association travel policy, were incurred for University purposes and have not been reimbursed from any other source.

Signature and Certification of Claimant: _____   Date: _____

I certify that the expenditures in this claim are reasonable, were incurred for University purposes and would be reimbursed whether or not the funds are donated back. I understand that the donor may wish to designate these funds to an account other than the one being debited below.

Signature and Certification of Approver: _____   Date: _____

Name: _____   Position: _____

For Office Use Only:

Expenses	Amount	*Donation*	Amount
Account to be debited:		Account to be credited:	
	$ _____		$ _____
GST Rebate			
Account to be debited:		Budget Approval:	
650 300 10	$ _____		
Authorized Signature:			