

Financial Services
 900 McGill Road, Kamloops BC V2C 0C8
 Tel (250)828-5000 Fax (250)371-5601

Vendor # _____

Travel Advance Request or Expense Claim Form

(Circle one)

Travel Destination: **British Columbia or Canada** (different form for International)
(Circle one)

Name: _____
 Department: _____
 Campus address: _____
 Contact phone: _____

Date of Request: _____
 Purpose: _____
 Destination: _____
 Departure Date: _____
 Return Date: _____

Delivery method: _____ Home _____ Hold for pick up at Campus Cashier

(By default cheque will be mailed to campus address. Please select **ONLY** if alternate delivery method required.)

TOTAL EXPENSE
(including HST)

Travel Advance Requested: \$ _____

Daily Meal Allowance:

Full day _____ days x \$60.00
 Breakfast _____ days x \$12.00
 Lunch _____ days x \$18.00
 Dinner _____ days x \$30.00
 Incidentals _____ days x \$10.00

Daily Accommodation:

with Relatives: _____ days x \$40.00
 Hotel Accommodation: _____ nights

Travel by: Pavement: _____ kilometres x 50¢
 Pavement: _____ fixed rate
 Air: _____

(Please note that TRU does NOT pay for travel insurance)

Other Travel Expenses:

Vehicle Rental: _____
 Fuel Expense: _____
 Conference/Registration Fees: _____
 Other Transportation (parking, taxi, bus, ferry, etc.) _____

Account Code:	Fund	Org	Acct	Program	Activity	Location
			750010	999999		
			75X210	999999		
			75X310	999999		
			75X010	999999		
			75X110	999999		
			75X012	999999		
			75X013	999999		
			75X410	999999		
			75X411	999999		

