THOMPSON R	vers 😽 Univ	ERSITY									
Financial Servic			Vendor #								
900 McGill Roa	d, Kamloops BC	V2C 0C8									
Tel (250)828-50	00 Fax (250)371	-5601				Trave	el Advan	ce Req	uest o	r	
					Expense Claim Form						
Travel Destination:	British	British Columbia or Canada (different form for Int			(Circle one)						
Name:		(Circle one)			(Chile one)						
Department:				Date of Request: Purpose:							
Campus addres	<u>.</u>			Destination:							
Contact phone:				Departure Date:							
				Return Date:							
Delivery metho	d:	Home Hold for p	oick up at Campus Ca	shier							
(By default chequ	ie will be mailed to	o campus address. Please select <b>O</b> l	NLY if alternate deliver	y method required.)		_					
			TOTAL EXPENSE	Account Code:	Fund	Org	Acct	Program	Activity	Location	
			(including HST)								
Travel Advance Requested:			\$				750010	999999			
Daily Meal Allo	wance:			-							
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			_			75X210	999999				
Daily Accommo											
with Relatives: days x \$40.00		. <u> </u>	-			75X310	999999				
Hotel Accom	—	nights		-							
Travel by:	Pavement:	kilometres x 50¢		_			75X010	999999			
	Pavement:	fixed rate		-			751/140	000000			
	Air:	· · · · · · · · · · · · · · · · · · ·		-			75X110	999999			
		pay for travel insurance)									
Other Travel Expenses: Vehicle Rental:							75X012	999999			
Fuel Expense:				_			75X012	9999999			
Conference/Registration Fees:				-			75X410	999999			
Other Transportation (parking, taxi, bus, ferry, etc.)				_			75X411	9999999			
	_										

Updated November 17, 2010

Other Travel Expenses:	TOTAL EXPENSE	Account Co	de: Fu	und	Org	Acct	Program	Activity	Location
Other: (please specify)	(including HST)								
	_								
	_								
	_								
		_							
Less Advance (as per attached form)	()					750010	999999		
To enable efficient operations, a difference of \$2.00									
or less will not normally be charged nor refunded	\$		\$						
Claimant:	Reimbursemer	Ref nent Attached Red		l sted	-				

Note: Please do not forward cash through the interdepartmental mail.

This form requires appropriate one-up approval as determined by TRU spending authority policy.

## VP (or AVP TRU World) approval needed for out of Canada travel ONLY.

APPROVAL			FINANCE USE ONLY
Signature	Name	Title	Reviewed:
Signature	Name	Title	
			Invoice # _ I
Signature	Name	Title	