



**Employee Reimbursement Form**  
**RESEARCH GRANTS**

Date:	Name:
Department:	Grant Account/Name:

Description of expenses:				
Travel advance requested? Yes <input type="checkbox"/> No <input type="checkbox"/> Amount: \$				
Date mm/dd/yy	Location	Expense claimed (mileage, car rental, taxi/bus fare, hotel, per diems, other)	Foreign Currency	Total (CAD)
Justification for research expenses (if over \$500 total):			Total GST \$	
			Total Claimed	

I certify that the above expenses have been incurred in carrying out activities as an employee of St. Thomas University.

Claimant's signature \_\_\_\_\_ Approval of Dept. chair / Unit manager \_\_\_\_\_ Date approved \_\_\_\_\_

Mileage rate: .40 cents/km

Per diems: \$10 Breakfast / \$12 Lunch / \$23 Dinner / \$5 misc (Domestic travel in CAD)  
 \$10 Breakfast / \$12 Lunch / \$23 Dinner / \$5 misc (Travel in US in USD)  
 \$15 Breakfast / \$18 Lunch / \$40 Dinner / \$5 misc (International travel in CAD)

[Click here for  
Currency Converter](#)

**Submit this form to the Research Office to be processed. To inquire about the status of your request please contact the Finance Office.**