

UNIVERSITY OF WINDSOR

TRAVEL EXPENSE CLAIM FORM

www.uwindsor.ca/expenseform

thinki	ng forward	d							
							Date:	Decembe	er 1, 2011
Name:		John		Doe		Department:		Finance	
ivanie.		st Name		Last Name		Department.		Tillalice	
Destination:			New York	. NY		Departure Date:	November 22,	2011 T	ime:
				,		•	•		
Purpose of Trip):		Finance Con	ference		Return Date:	November 25, 2	2011 T	ime:
If Claim is rese	arch relate	d, select affiliatio	n with Grantee:			If Other, explain			
		Cundou	Manday	Tuesday	Wadnaaday	Thursday	Evidov	Caturday	
Expense	Date:	Sunday	Monday	Tuesday 11/22/11	Wednesday 11/23/11	Thursday 11/24/11	Friday 11/25/11	Saturday	TOTAL
Mileage				11/22/11	11/23/11	11/24/11	11/23/11		///////
Mileage Claim	(km) (\$0.50/km)								
Incidentals	(\$0.30/km) (\$17/day)								
Auto/Air/Rail	(ψ17/day)			\$400.00)				\$400.00
Taxis/Bus				φ+00.00	,				Ψ+00.00
Parking				\$10.00	\$10.00	\$10.00			\$30.00
Hotel				φ10.00	φ10.00	\$600.00			\$600.00
Breakfast	(\$13/day)			\$5.00)	φοσο.σσ			\$5.00
Lunch	(\$22/day)			\$10.00			\$10.00		\$20.00
Dinner	(\$35/day)			\$25.00		\$25.00	Ψ10.00		\$75.00
Registration	(ψοσ/ααγ)			Ψ20.00	φ20.00	Ψ20.00			ψ10.00
Entertainment									
Littortailinont									
			1	+					
								TOTAL	\$1,130.00
Indicate curren	cy of Claim	n:	O CDN\$	O US	S\$ LESS: Ad	dvance from Chec	ue Requisition #		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	•							CLAIM	\$1,130.00
Indicate whether	er travel wa	as in Canada req	uiring HST refun	d: 🗌					
							ENSES BEING CLA	IMED (A)	\$1,130.00
Indicate whether	er If Claim	includes a Lost F	Receipt Form:				REFUNDABLE	(B)	\$0.00
						TOTAL CHA	RGES TO DISTRIBL	JTE (C)	\$1,130.00
		RTAINMENT AN		NSES (EXPLAIN)			0		A
Date			Name		Title		Compai	ny	Amount
								TOTAL	
PRE-TRAVEL	RELATED	EXPENSES RE	IMBURSED PRI	OR TO THIS CLA	IM				-
Date			Nature o	of Expense		S	ource of Funding		Amount

GENERAL COMPLETION INSTRUCTIONS

- 1) All applicable areas of the form must be completed
- 2) All original receipts must be attached
- 3) Completed cheque requisition or refund request must accompany this form
- 4) A full accountability of the entire trip must be reported on this form
- 5) Completed expense forms must be submitted no later than 15 days after end of the trip

DECLARATION AND AUTHORIZATION

I CERTIFY ALL ENTRIES REPRESENT EXPENSES FOR LEGITIMATE BUSINESS AND/OR GRANTING AGENCY TRAVEL AND DO NOT INCLUDE ITEMS FOR PERSONAL USE OR WHICH ARE ELIGIBLE FOR REIMBURSEMENT FROM ANOTHER ORGANIZATION.

	Claimant Signature	Date
	Authorization Signature	Date
Authorized by:	Mike Smith	Ext. 9999
Authorized by.		
	Print Name	

ACCOUNT DISTRIBUTION									
Business Unit#	Account #	Sub-Acct#	Amount						
19250	8769		\$1,130.00						
SUBTOTAL	\$1,130.00								
GST REFUNDABLE	\$0.00								
OHST REFUNDABLI	\$0.00								
TOTAL EXPENSES	\$1,130.00								
LESS: ADVANCE (.A	\$0.00								
TOTAL CLAIM	\$1,130.00								