UNIVERSITY OF SASKATCHEWAN

TRAVEL EXPENSE DETAIL

Print Form

Since there is limited space on the Travel Expense Claim, [only enough lines to record about a week's worth of expenses], we recommend printing out this form if you feel you will need more lines to record expenses as they are paid.

Name ____________ NSID ____________ UniFi Vendor Number (if known) ____________

Department / College ____________ Room / Building ____________

Details of Expenses: Attach Original Receipts; Copies Are NOT Acceptable; Attach Exchange Rate Verification (if applicable).

DATE (mmm/dd)	Description	Transportatn (inc local-taxi)	Accomodtn (inc hotel/prv)	MEALS Brkfst	Lunch	Dinner	Misc (reg fee, phone)	Exch Rate	**TOTAL (CAN$)**
								1.0000	$0.00
								1.0000	$0.00
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								1.0000	$0.00

EXPENSE DETAIL TOTAL (transfer this total to the applicable box on the Travel Expense Claim form) $0.00

Forward, with completed and approved Travel Expense Claim form,
including all required attachments (original receipts, event schedule/conference outline, Authority to Travel form, etc.)
to: Payment Services - E80 Administration Building.