

# TRAVEL EXPENSE CLAIM

For assistance in completing this form please go to <http://www.usask.ca/fsd/resources/forms> and click on the help icon in the forms table. This form is a fillable PDF; we recommend completing the form before printing to take advantage of field formats, calculations, totaling, defaults and drop-down lists; then print the form and attach supporting documentation and obtain required signatures.

Name \_\_\_\_\_ NSID \_\_\_\_\_ UniFi Vendor Number (if known) \_\_\_\_\_

Research Affiliation re: Tri-Council Travel \_\_\_\_\_

Department / College \_\_\_\_\_ Room / Building \_\_\_\_\_

Mailing Address (Street, City, Prov/St, Postal/Zip) \_\_\_\_\_

Destination \_\_\_\_\_ Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

Trip Purpose \_\_\_\_\_

**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			Misc (reg fee, phone)	Exch Rate	TOTAL (CAN\$)
				Brkfst	Lunch	Dinner			

Please record the number of **Personal Days** included in this trip.  Subtotal....

**Personal Vehicle** - attach a **Vehicle Kilometer Log** if claim includes more than one trip.  **KMS @**

**Foreign Currency Settlement:**  Enter **EXPENSE DETAIL TOTAL**... (if applicable)....

CFOAPAL - Required Coding					Optional Coding		AMOUNT	FSD Use	TOTAL.....
Cht(1)	Fund(6)	Org(4)	Acct(5)	Prg(4)	Acty(5)	Lctn(6)			
									Less Advance.....
									<b>NET CLAIM....</b>

**NOTE: Attach receipts for prepaid expenses, e.g. airfare (e-ticket), registration fees, etc.** **TOTAL....**

**Certification:** I certify that all expenses incurred are related to university business, that none have been claimed from other organizations, that they comply with university or funding agency travel expense guidelines, and that I personally paid for them.

Claimant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Prepared By / For Information Contact (Please Print) \_\_\_\_\_ Department / College \_\_\_\_\_ Phone \_\_\_\_\_

**Approval:** Your signature indicates approval as to the appropriateness and reasonableness of the expenses being claimed.

Approver's Signature \_\_\_\_\_ Please Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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