

QUAA Travel Expense Claim Form

Note: This form is only to be used for reasonable accommodation for travel by a Volunteer or Trustee on Queen's business.



Location _____ Purpose of Travel _____
 Date of Travel: From: _____ To: _____

	Total Expenses (in Cdn \$)	GST Included in Total	Reimbursement Ceilings:	
Accommodation	_____	_____	4,000 km or more round trip	Max \$1,200
Transportation	_____	_____	Between 2,000 and 3,999 km round trip	Max \$800
Mileage (calculate @ \$0.40/km)	_____	_____	Between 800 and 1,999 km round trip	Max \$400
Miscellaneous* (e.g., taxi)	_____	_____	Less than 800 km round trip	Max \$200
Total Claim	=====	=====		

Foreign Currency:

Please indicate below the total expenses paid in foreign currencies:

Currency	Amount	Exchange Rate
_____	_____	_____
_____	_____	_____
_____	_____	_____

* List Miscellaneous Expenses:

Required Documentation: Financial Services will not process your claim without the following:

- 1) original receipts
- 2) if travel booked electronically: e-ticket plus itinerary boarding passes
 if travel booked by travel agent: travel agent's original invoice plus ticket stub

I wish to donate \$ _____ of the above claim to the Queen's University Alumni Association Projects Fund

I wish to donate \$ _____ of the above claim to the Queen's University for another established use (e.g., Queen's Annual Fund) [Please specify below]

I do not wish to donate any of the above claim

Name of Claimant: _____

Mailing Address: _____

Please send travel claim form to:

Nikki Remillard
 Alumni Relations
 55 Stuart St
 Queen's University
 Kingston, ON K7L 3N6

I certify that all expenditures in this claim form adhere to the Queen's University Alumni Association travel policy, were incurred for University purposes and have not been reimbursed from any other source.

Signature and Certification of Claimant: _____ Date: _____

I certify that the expenditures in this claim are reasonable, were incurred for University purposes and would be reimbursed whether or not the funds are donated back. I understand that the donor may wish to designate these funds to an account other than the one being debited below.

Signature and Certification of Approver: _____ Date: _____

Name: _____ Position: _____

For Office Use Only:

Expenses	Amount	Donation	Amount
Account to be debited:	_____	Account to be credited:	_____
	\$ _____		\$ _____

GST Rebate		Budget Approval:
Account to be debited:	_____	_____
650 300 10	\$ _____	
Authorized Signature:	_____	