

# Travel expense claim with a Travel Advance Deducted

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## Expense Reimbursement Form

Reset Form

Print Form

### Payee Information

#### Use of Form

Employee Expense  Student Expense  Visitor Reimbursement

Employee/Student ID: 0 7 7 7 7 7 7 7

First Name: John Last Name: Smith

Street Address: Chernoff Hall Chemistry City: Kingston

Province / State: ON Country: Postal / Zip Code:

### Travel Location (if travel costs are being claimed)

Destination: Washington, DC

Travel Start Date: 2020/05/15  
(YYYY/MM/DD)

Travel End Date: 2020/05/20  
(YYYY/MM/DD)

### Nature and Purpose of Expense

*If your claim includes hospitality expenses, include information on the business purpose of the meeting/event, the date and the place of entertainment, the names of the attendees and the business relationship of the persons entertained.*

International Chemistry Symposium

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**Expense Information** ADD Row + If you make an error, please remove the row by selecting the "-" button at the end of that row.  
If you need to remove Row 1, you must first add a second row.

Date YYYY/MM/DD	Description	Prov. (Where expense was incurred)	Expense Type	km (Mileage only)	Mileage Calc	Amount (Including tax)	Currency	Rate CAD/ Foreign	CAD Total Including Tax	HST/GST	Total (Excluding Tax)		
2020/05/15	Train	ON	Rail		\$0.00	\$131.08	CAD	1.00	\$131.08	\$15.08	\$116.00	-	
2020/05/15	Hotel	N/A	Accommodations		\$0.00	\$1,450.00	USD	1.32	\$1,914.00		\$1,914.00	-	
2020/05/17	Meals - not provided	N/A	Per Diem FULL Day Outside Canac		\$0.00	\$100.00	CAD	1.00	\$100.00		\$100.00	-	
Date of Travel YYYY/MM/DD Start date as entered on Travel Advance									2020/05/15				
									<b>Total Expenses:</b>	\$2,145.08	\$15.08	\$2,130.00	

I received a Travel Advance  Requires Payment in currency other than CAD or USD. Please specify and attach [Wire Transfer Info Form](#)

I am an American Visitor. Please reimburse in USD.

Travel Advance Received: \$2000.00

**Total Expenses for Reimbursement: \$145.08**

**Account Information** ADD Row + REMOVE Row -

Fund	Department	Account	Program	Class	Project	Amount (Excluding Taxes)
3 0 0 0 0	1 1 5 8 0	6 4 0 0 0 1			3 3 3 3 3 3	\$2130.00
Total: Excluding Taxes						\$2130.00
HST/GST:						\$15.08
Total Expenses for Reimbursement: (Including Taxes)						\$2145.08

The amount in the "Total Expenses" box and the "Total Expenses for Reimbursement" should match. This is the amount that will be charged to the department.

You must select the "I received a Travel Advance" box for the "Travel Advance Received" line to be activated, this is the only way to attach the Cash

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*For Research Related Travel Only*

Traveler Affiliation to Principal Investigator (PI):

I am a Student

Other, please explain

Make sure that the "Traveller Affiliation to Principal Investigator (PI)" information is included on the claim if you are using a research fund and project code in the Account Information Section.

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## Signatures & Approval

### Prepared By / Payee: (Mandatory)

Full Name: John Smith

Phone Number: Ex 74747

Date: 2020/05/25

This claim was prepared for:  Myself  Payee as named on form

Department: Chemistry

By signing below I certify that all expenditures in this claim adhere to the University and Funding Agency policies, that expenditures were incurred for University purposes, and that no reimbursement has been or will be made from a third party.

Preparer  
Signature:

### Manager Approval: (Mandatory)

Full Name: George Brown

Position and Department: Professor - Chemistry

By signing below I have reviewed the expenses claimed by the claimant and I certify that the claim is accurately completed and that all expenditures in this claim are reasonable and were incurred for University purposes.

Signature:

Date: 2020/05/25

### Department/Research Project/Funding Signing Authority: (If applicable)

Full Name: Joe Johnson

Position and Department: Department Head - Chemistry

By signing below I have reviewed the expenses submitted by the claimant and I certify that the expenditures in this claim are reasonable, that they are charged to the correct Department and/or Research Project, and that sufficient funds are available to cover the claim.

Signature:

Date: 2020/05/25

**Notice of Collection:** When complete, this form will contain Personal & Confidential information. This information is being collected under the authority of the Queen's Royal Charter of 1841. This information will be used to calculate and track approved University related travel expenses and other expense reimbursements..