Travel expense claim with a Travel Advance and a Travel Award Deducted

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Expense Reimbursement Form Reset Form Print Form												
Payee Information												
Use of Form © Employee Expense © Student Expense © Visitor Reimbursement Employ	yee/Student ID: 0 7 7 7 7 7 7 7											
First Name John	Last Name Smith											
Street Chernoff Hall Address: Chemistry Department	City: Kingston											
Province / State: Country: Calculation	Postal / Zip Code:											
Travel Location (if travel costs are being claimed)												
Destination: Washington, D.C.	Travel Start Date: 2020/05/15 Travel End Date: 2020/05/20											
Nature and Purpose of Expense												
If your claim includes hospitality expenses, include information on the business purpose of business relationship of the persons entertained.	of the meeting/event, the date and the place of entertainment, the names of the attendees and the											
Chemistry 2020 Conference												

Revised: March 2020

Approvers Initials:

Queen's Universitry Expense Reimbursement Form

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Revised: March 2020

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Expense Information ADD				D Row	+	lfv		ward is deducted as a			ing the "- ond row.	button at the end of that row.			
Date yyy/мм/DD	Description				Prov. (Where expense was incurred)		Expense Type	km (Mileage only)	Mileage Calc	Amount (Including tax)	Currency	Rate CAD/ Foreign	CDN Total Including Tax	HST/GST	Total (Excluding Tax)
20/05/17	7 Hotel				N/A	•	Accommodations		\$0.00	\$356.28	CAD -	1.00	\$356.28	\$0.00	\$356.28
20/05/15	Flight to	Flight to Washington Return			ON	•	Airfare		\$0.00	\$852,00	USD -	1.32	\$1,128.05	\$3.25	\$1,124.80
20/05/30	Travel A	ward			N/A	-	Other Expenses		\$0.00	(\$300.00)	CAD -	1.00	(\$300.00)		(\$300.00)
Date of Travel YYYY/MM/DD May 15, 2020 tart date as enetered on Travel Advance											Total Ex	penses:	\$1,184.33	\$3.25	\$1,181.08
Requires Payment in currency other than CAD or USD. Please specify and attach Wire Transfer Info Form am an American Visitor. Please reimburse in USD.									7	Travel A	dvance eceived:	II 61000 00 I			
									Total Expenses for Reimbursement:						
Acco	unt Inf	ormation			ADD	Rov	w+ REMOVE Row -						The am	ounts sho	wn in the
Fund	d	Department		Account			Program Class		Pr	oject		nount fing Taxes)	The amounts shown in the "Total Expenses" and "Tot Expenses for Reimbursem		
0 0	0 0	1 2 1	2 1	6 4	0 0 0) 1					\$1	181.08	should	match	
You must click on "I received a Travel Ad-							count Amounts in lines above MUST equal t	his Total	Total: \$1181.08			181.08			
vance" box for the "Travel Advance Received"										HST/GS	Г: \$	3.25			
line to appear and be active.						_				Expenses for nbursement (Induding Taxes	t: \$11	84.33			

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Expense Reimbursement Form Print Form For Research Related Travel Only Traveler Affiliation to Principal Investigator (PI): I am the PI Other, please explain Make sure that the "Traveler Affiliation to Principal Investigator (PI)" information is included on the claim if you are using a research fund and a project code is entered in the Account Information section. **Expense Reimbursement Form** Print Form Signatures & Approval Prepared By / Payee: (Mandatory) Full Name: EX 74747 2020/05/30 John Smith Phone Number: This claim was prepared for: 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. 2020/05/30 Signature: 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: 2020/05/30

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.