

Travel Expense Claim Form

Please note: Reimbursement is by [Direct Deposit](#) only

Claimant Name (LAST, FIRST, MIDDLE):

UNB ID# or SIN:

Department:

Email:

Non-Employee Mailing Address:

Status:

(If OTHER, please specify)

Travel Start Date:

Travel End Date:

Personal dates included in this trip:

Indicate any expenses prepaid by UNB or covered by Third-Party:

Purpose of this trip and direct relationship to the University:

ATTACH A SPREADSHEET FOR US AND OTHER FOREIGN CURRENCY WITH FUNDS CONVERTED TO CANADIAN DOLLARS. YOU MAY ALSO INCLUDE A SPREADSHEET FOR CANADIAN TRAVEL WITH EXCESSIVE NUMBER OF RECEIPTS

PO# IF USED TO PAY	DATES:			EXPENSES				TOTALS (\$)	ACCOUNT NUMBERS										
									LOC	UNIT		OBJECT		FUND		FC	DO NOT USE		
	LOCATION:										-		-	61105	-		-		
	Air/Rail/ Vehicle Rental Calculator Amt										-		-	61125	-		-		
	Fuel										-		-	61135	-		-		
	Car Rental										-		-		-		-		
	Mileage: ACTUAL KMS										-		-		-		-		
	\$0.50/KM TOTAL(S)										-		-	61105	-		-		
	Taxis / Parking										-		-	61120	-		-		
	Meals										-		-	61115	-		-		
	Registration										-		-	61155	-		-		
	Accommodation										-		-	61110	-		-		
	Fax / Phone/ Internet										-		-	71410	-		-		
	Incidentals - \$5 per night										-		-	61116	-		-		
	Hospitality (Details Form required)										-		-	63033	-		-		
	Alcohol										-		-	61132	-		-		
	OTHER (please specify)										-		-		-		-		

Claimant's Signature: Certifies that they incurred the expenses and they are in compliance with University and granting agency policies and that no reimbursement request has been or will be made to a third party for these expenses.

Total Expenses:

Deduct Other:

Deduct Advance:

Claimant Signature:

Date of Claim:

Signing Approval: The individual who approves this claim is responsible for ensuring that expenditures are considered appropriate, reasonable and in accordance with University policy and guidelines.

TOTAL CLAIM (CAD FUNDS):

Pay Traveller

Due to U.N.B
Please include remittance (no cash)

Approval Signature:

Approved By (print):

Title:

Approval Date:

FINANCIAL SERVICES USE ONLY			
A/P	BUDGET	RES. FUNDS	PDA