EXPENSE CLAIM FORM

TO:	ACCOUNTS PAYABLE												
NAME:			_										
ID NUMBER:			_					DATE (mm/dd/yy	уу):				
ADDRESS:								DEPARTMENT:					
SEND PAYMENT BY: DIRECT DEPOSIT CHEQUE MAILING INSTRUCTIONS:					INTERNA	AL MAIL		EXTERNAL MAIL					
IS THIS CLA	IM FOR IN-SERVICE PD?	Yes	No (If Yes, p	olease complete the	following):								
PD NUMBE	R <u>:</u>	DESC	CRIPTION OF PD ACTI	IVITY:									
DID YOU RI	ECEIVE AN ADVANCE FOR THIS ACTIV	/ITY?	Yes	No									
EXPENSES								MEALS					
DATE	Description (Purpose, destination, reason)					М	ileage Travel (Hotel,			Per Diem Amounts			Other Receipts
(mm/dd/yyyy)						KM	\$ Amount	Airfare, etc)	Breakfast	Lunch	Dinner	Meals	Outof Redespte
	TOTALS												
Print, sign, obtain authorization, make a copy for your files and forward to Financial Services (A291) for processing. ORIGINAL RECEIPTS MUST BE ATTACHED FOR ALL EXPENSES (except					T CODE	ACCOUNT 1305		ACTIVITY CODE		AMOUNT		Finance use only	
per diems). This claim must be filed within 30 days of incurring the expense. Allow 2 weeks for processing, from receipt in Financial Services. Refer to: ufv.ca/finance/accounting-operations/accounts-payable/expense-claims													
								TOTAL					
								LESS ADVA	NCE:				
CERTIFIED CORRECT CLAIMANT								CLAIM AMO	UNT:				