EXPENSE CLAIM FORM

UNIVERSITY OF THE FRASER VALLEY

TO: ACCOUNTS PAYABLE

NAME: _____

ID NUMBER: _____ **DATE (mm/dd/yyyy):** _____

ADDRESS: _____ **DEPARTMENT:** _____

SEND PAYMENT BY: DIRECT DEPOSIT CHEQUE **MAILING INSTRUCTIONS:** INTERNAL MAIL EXTERNAL MAIL

IS THIS CLAIM FOR IN-SERVICE PD? Yes No (If Yes, please complete the following):

PD NUMBER: _____ **DESCRIPTION OF PD ACTIVITY:** _____

DID YOU RECEIVE AN ADVANCE FOR THIS ACTIVITY? Yes No

EXPENSES

DATE (mm/dd/yyyy)	Description (Purpose, destination, reason)	Mileage		Travel (Hotel, Airfare, etc)	MEALS Per Diem Amounts			Receipts for Meals	Other Receipts
		KM	$ Amount		Breakfast	Lunch	Dinner		
	TOTALS								

	DESCRIPTION	BUDGET CODE	ACCOUNT	ACTIVITY CODE	AMOUNT	Finance use only
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 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	MILEAGE ALLOWANCE		1305			
				TOTAL:		
				LESS ADVANCE:		
				CLAIM AMOUNT:		

CERTIFIED CORRECT, CLAIMANT

_____ / _____

AUTHORIZED BY - PRINT AND SIGN
The expenses claimed are reasonable and represent necessary and legitimate University expenses.

Expense Claim Form V3