

TRENT UNIVERSITY EXPENSE REIMBURSEMENT SHORT FORM

INSTRUCTIONS (a) Complete all Sections (b) Attach original receipts (c) Obtain second signature from supervisor/chair/ (d) Forward to Accounts payable
 AVP Research

C	DATE _____	CLAIMANT _____ <small>(print name)</small>	STAFF _____	STUDENT _____	OTHER _____
	MAIL CHEQUE University department/building _____				
L	Home Address (non-employees only) _____ POSTAL CODE: _____				
	Phone No. _____ Other instructions: _____				
A	REASON FOR EXPENSES (be as specific as possible and attach additional sheets if necessary)				
I	EXPENSES FOR THE PERIOD FROM _____ TO _____				
	I certify that the expenditures have been incurred by me for University purposes, that they have not been reimbursed from another source, that funds are available in the account to which this expenditure is charged, and that this Expense Claim form has been completed accurately and is supported with original receipts where so required in accordance with the University's Policies and Procedures for Reimbursement of Travel and other Business Expenses. (IF APPLICABLE) I certify that all expenditures charged to my research account(s) are for purposes for which the funds were received, that these charges have not been claimed from other organizations, and that reimbursements for expenditures received from other organizations will be disclosed to the University. I understand that if my reimbursement request contains any items not eligible for reimbursement OR not supported by appropriate receipts, the item(s) will not be reimbursed and remain my personal responsibility.				
M	REQUESTED BY _____ DATE _____ <small>(claimant's signature - a claimant must have one form for each trip)</small>				
	If the reimbursement is being charged to a research account and the claimant is not the principal investigator, please state the claimant's association to the principal investigator. Circle one: research assistant - post doctoral fellow - technician - coinvestigator - subcontractor - other (if selecting other please provide a detailed explanation in the space provided)				
A	I certify that the expenditures in this claim are reasonable and were incurred for University purposes. If the charges are against research accounts, I certify that the expenses are in accordance with the research funding guidelines.				AVP Research Approval
	APPROVED BY _____ DATE _____ <small>(Claimant's supervisor/Research account holder) Position</small>				Finance Use Only
C	Travel/Other Expenses inside Canada - attach original receipts		Account Number XX-XXXX-XXXX	Canadian \$	
	_____	_____	_____	\$	_____
A	Travel Allowances in Canadian Dollars - no receipts required		Account Number XX-XXXX-XXXX	Canadian \$	
	Automobile mileage _____ km @ \$.37 CDN per KM	_____	_____	\$	_____
N	Meal Allowance _____ Breakfasts @ \$10.00 per	_____	_____	\$	_____
	_____ Lunches @ \$12.00 per	_____	_____	\$	_____
I	_____ Dinners @ \$23.00 per	_____	_____	\$	_____
	OR _____ Daily Allowance @\$50.00 per day	_____	_____	\$	_____
A	Subtotal CDN Expenses F			\$	_____
	Subtotal CDN Allowance G			\$	_____
F	Travel Expenses outside Canada - express in CDN funds and attach original receipts				
	Foreign Exp Exchange Rate _____ @ _____	Account Number XX-XXXX-XXXX	Canadian \$		
O	_____ @ _____	_____	\$	_____	
	_____ @ _____	_____	\$	_____	
R	Subtotal Foreign Expenses converted to CDN Funds			\$	_____
	TOTAL CLAIM FOR REIMBURSEMENT Box A + B + C				\$