

**Thompson Rivers University
Faculty Professional Allowance Claim Form
(TRU/TRUFA Agreement Article 15.2)**

Name of Claimant: _____ Claimant Phone Number: _____
 Claimant Mailing Address: _____
 Professional Allowance Account Code: _____

Fund	Org	Account	Program	Activity	Location
-		-			-

Department: _____ Date Submitted: _____
 Faculty/School/Division _____

Please itemize each activity, membership or purchase and attach corresponding numbered receipts.
 Please convert all expenses to Canadian Dollars at the exchange rate on date of purchase.

	Total Amount	Adjusted Amount	GST Amount
1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____	\$ _____
8. _____	\$ _____	\$ _____	\$ _____
9. _____	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____

Note: As non-taxable benefits, all goods purchased through the Professional Allowance remain the property of the University. After three calendar years from the date of purchase, the member has the option of purchasing these items from the University at fair market value. If the member retires or is terminated as an employee of the University prior to the expiration of this three year period, the member will have the option of purchasing these items from the University at fair market value as at the date of such retirement or termination of employment.

I hereby certify that all expenses claimed herein, have not, nor will be, claimed from any other source.

 Claimant Signature

 Department Chairperson Approval of Expenses

 Please Print Name of Chairperson

Chair signature confirms all expenses relate to the faculty member's employment and are for the benefit of Thompson Rivers University. If this is the case the fees will not be deemed taxable.

Note: This form needs to be attached to a proper expense reimbursement form.