

OLFM Expense Claim Form

Please return to: TRU Open Learning - Delivery Support
 BCCOL 4th Floor - 805 TRU Way, Kamloops, BC, V2C 0C8
 or Email to: OLFMClaimforms@tru.ca

Name: _____
 Department: _____
 Campus Address: _____
 Phone Number: _____

Request Date: _____
 Destination: _____
 Trip Purpose: _____
 Travel Dates: _____

OLFM ID # _____
 (Mandatory field)

(Include day, month, year)

By default, the reimbursement will be paid by direct deposit to your bank account on file

Per Diem (exclude meals provided)

Full Day - days @ \$ 60.00 CDN
 Breakfast - days @ \$ 12.00 CDN
 Lunch - days @ \$ 18.00 CDN
 Dinner - days @ \$ 30.00 CDN
 Incidentals - days @ \$ 10.00 CDN
 Sub-total

Expenses	Fund	Org	Acct	Program	Activity
\$ - CDN	103000		75X210	999999	
\$ - CDN	103000		75X210	999999	
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\$ - CDN	103000		75X210	999999	
\$ - CDN					

Accommodation

Hotel - nights @ \$ 40.00 CDN
 Private - nights @ \$ 40.00 CDN
 Sub-total

\$ - CDN	103000		75X310	999999	
\$ - CDN	103000		75X310	999999	
\$ - CDN					

Travel

* Mileage - kms. @ \$ 0.50 CDN
 Mileage (Flat rate)
 ** Air
 Sub-total

\$ - CDN	103000		75X010	999999	
\$ - CDN	103000		75X010	999999	
\$ - CDN	103000		75X110	999999	
\$ - CDN					

* Attach mileage support (ie. Mapquest/google map printout)

** TRU does not pay for Cancellation insurance.

Other Travel Expenses

Vehicle Rental
 Fuel Expense
 Conference/Registration Fees
 Other Transportation (ie. parking, taxi, toll, ferry)
 Sub-total

\$ - CDN	103000		75X012	999999	
\$ - CDN	103000		75X013	999999	
\$ - CDN	103000		75X410	999999	
\$ - CDN	103000		75X411	999999	
\$ - CDN					

Other Travel Expenses (Please specify)

Sub-total

TOTALS:

Less Advance: (enter as a negative)

Reimbursement or (Repayment to TRU)

* ± \$2.00 will not be charged nor reimbursed)

*Do NOT forward cash through mail

Total Trip

\$	-	CDN
\$	-	CDN
\$	-	CDN
\$	-	CDN
\$	-	CDN
\$	-	CDN
\$	-	CDN
\$	-	CDN

Fund	Org	Acct	Program	Activity
103000			999999	
103000			999999	
103000			999999	
103000			999999	
103000			999999	
103000			999999	

\$	\$	-	CDN
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\$	-	CDN
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Please enter the amount that has been already reimbursed (i.e. air travel, conference registration)

\$	-	CDN
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Signature of Claimant

Note: This form requires appropriate one-up approval as determined by TRU spending authority policy

APPROVAL			FINANCE USE ONLY	
Print Name	Title	Date	Reviewed by:	_____
Signature			Invoice #:	_____

*****Please ensure all receipts and proof of payment are attached as required by TRU Travel Policies*****