



THOMPSON RIVERS UNIVERSITY

Finance Division  
PO Box 3010, Kamloops, BC V2C 5N3  
Tel (250) 828-5000 · Fax (250) 371-5601

# Research Meals & Entertainment Approval Form

Name: \_\_\_\_\_ Status (check one): Faculty  Staff  Student

Department: \_\_\_\_\_

Purpose of Entertainment: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Funding Agency & Project Title: \_\_\_\_\_

Account Code:

Fund				Org				Account					Program				Activity				Location										

Amount: \$ \_\_\_\_\_

Funding Agency & Project Title: \_\_\_\_\_

Account Code:

Fund				Org				Account					Program				Activity				Location									

Amount: \$ \_\_\_\_\_

Funding Agency & Project Title: \_\_\_\_\_

Account Code:

Fund				Org				Account					Program				Activity				Location									

Amount: \$ \_\_\_\_\_

Names and Affiliations of Persons in Party:

_____	_____
_____	_____
_____	_____

I certify that the above statement is true, that the expenses claimed were related to the grant or contract on the date shown, that the expenses are allowable per conditions or requirements of the fund(s), that in signing and approving this claim I have complied with university policies and guidelines, that none of the expenses are being claimed elsewhere and that I have attached original receipts.

Signature of Principal Investigator or Designate

Date

Approved for Payment:

Associate Vice-President,  
Research and Graduate Studies

Date

Required for claims on grants, sponsored research and contracts

Finance Department  
Approved by:

Cheque No: \_\_\_\_\_

Voucher No: | \_\_\_\_\_