

Travel Expense Form for Travel within CANADA

Staff ID # _____
(Mandatory field)

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

Request Date: _____
 Destination: _____
 Trip Purpose: _____
 Travel Dates: _____
 (Include day, month, year)

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

****If attending conferences or meetings, please attach a copy of the itinerary****

				EXPENSES	P-CARD	Total Trip	Fund	Org	Acct	Program	Activity
Per Diem (exclude meals provided)					Corporate Paid						
Full Day	-	days @	\$ 60.00 CDN	\$ - CDN		\$ - CDN			75X210	999999	
Breakfast	-	days @	\$ 12.00 CDN	\$ - CDN		\$ - CDN			75X210	999999	
Lunch	-	days @	\$ 18.00 CDN	\$ - CDN		\$ - CDN			75X210	999999	
Dinner	-	days @	\$ 30.00 CDN	\$ - CDN		\$ - CDN			75X210	999999	
Incidentals	-	days @	\$ 10.00 CDN	\$ - CDN		\$ - CDN			75X210	999999	
Sub-total				\$ - CDN		\$ - CDN					
Accommodation											
Hotel	-	nights @	\$ _____ CDN	\$ - CDN	\$ - CDN	\$ - CDN			75X310	999999	
Private	-	nights @	\$ 40.00 CDN	\$ - CDN		\$ - CDN			75X310	999999	
Sub-total				\$ - CDN	\$ - CDN	\$ - CDN					
Travel											
* Mileage	-	kms. @	\$ 0.50 CDN	\$ - CDN		\$ - CDN			75X010	999999	
Mileage (Flat rate)			CDN	\$ - CDN		\$ - CDN			75X010	999999	
** Air			CDN	\$ - CDN	\$ - CDN	\$ - CDN			75X110	999999	
Sub-total				\$ - CDN	\$ - CDN	\$ - CDN					
* Attach mileage support (ie. Mapquest/google map printout)											
** TRU does not pay for Cancellation insurance.											
Other Travel Expenses											
Vehicle Rental				\$ - CDN	\$ - CDN	\$ - CDN			75X012	999999	
Fuel Expense				\$ - CDN	\$ - CDN	\$ - CDN			75X013	999999	
Conference/Registration Fees				\$ - CDN	\$ - CDN	\$ - CDN			75X410	999999	
Other Transportation (ie. parking, taxi, toll, ferry)				\$ - CDN	\$ - CDN	\$ - CDN			75X411	999999	
Sub-total				\$ - CDN	\$ - CDN	\$ - 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

Signature of Claimant

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

APPROVAL

Print Name	Title	Signature	Date

Fund	Org	Acct	Program	Activity
			999999	
			999999	
			999999	
			999999	
			999999	
			999999	

EXPENSES

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

\$		CDN
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\$		CDN
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\$		CDN
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P-CARD

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

\$		CDN
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Add: other expenses related to this trip

Total Trip Cost

Total Trip

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

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

FINANCE USE ONLY

Reviewed by: _____

Invoice #: _____

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