EXPENSE CLAIM FORM

TO: ACCOUNTS PAYABLE

NAME: _____

BANNER ID: _____ **DATE:** _____

ADDRESS:

DEPARTMENT: _____

DIRECT DEPOSIT ◉ **CHEQUE** ○ **MAIL** ○ **INTERNAL** ○

Print, sign, obtain authorization, make a copy for your files and forward to Accounts Payable for processing. ORIGINAL RECEIPTS MUST BE ATTACHED FOR ALL EXPENSES (except per diems). This claim must be filed within 30 days of incurring the expense. Allow 2 weeks for processing, from receipt in Finance. Refer to: http://www.ufv.ca/finance/AcctInfo/ExpClaimGuidelines.htm

EXPENSES

DATE	Description (Purpose, destination, reason)	Mileage		Travel (Hotel, Airfare, etc)	MEALS			Receipts for Meals	Other Receipts
		KM	$ Amount		Per Diem Amounts				
					Breakfast	Lunch	Dinner		
	TOTALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PUBLIC BODIES INFORMATION *(For Finance Use Only)*	DESCRIPTION	BUDGET CODE	ACCOUNT	AMOUNT	*Finance use only*
	MILEAGE ALLOWANCE		**1305**		
	TRAVEL				

TOTAL:	
LESS ADVANCE:	
CLAIM AMOUNT:	

_____
CERTIFIED CORRECT, CLAIMANT

/

AUTHORIZATION - *PRINT & SIGN*

The expenses claimed are reasonable and represent necessary and legitimate University expenses.

****See page 2 for additional information****