EXPENSE CLAIM FORM

UFV

Name: _____

UFV ID Number: _____ **Date:** _____

Address: _____ **Department:** _____

Send payment by: ◯ Direct deposit ◯ Cheque **Mailing instructions:** ◯ Internal mail ◯ External mail

Is this claim for in-service PD: ◯ Yes ◯ No (If Yes, please complete the following):

PD number: _____ **Description of PD activity:** _____

Did you receive an advance for this activity: ◯ Yes ◯ No

EXPENSES					MEALS				
Date	Description (purpose, destination, reason)	Mileage		Travel (hotel, airfare, etc.)	Per Diem Amounts			Receipts for meals	Other receipts
		KM	$ Amount		Breakfast	Lunch	Dinner		
	Totals	0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Sign, obtain authorization, keep a copy for your files and send documentation 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 two weeks for processing, once received by Accounts Payable. Refer to the Financial Services website on Expense Claims for further information.

DESCRIPTION	BUDGET CODE	ACCOUNT	ACTIVITY CODE	AMOUNT	Finance use only
Mileage		1305			
			TOTAL:	$ 0.00	
			LESS ADVANCE:		
			CLAIM AMOUNT:	$ 0.00	

CERTIFIED CLAIMANT

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AUTHORIZED BY - PRINT AND SIGN

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

Send to acctspayable@ufv.ca for processing.