

EXPENSE CLAIM FORM

TO: ACCOUNTS PAYABLE

NAME:

ID NUMBER: _____

ADDRESS: _____

DATE (mm/dd/yyyy): _____

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):

Yes

No

(If Yes, please complete the following):

PD NUMBER: _____

DESCRIPTION OF PD ACTIVITY:

DID YOU RECEIVE AN ADVANCE FOR THIS ACTIVITY?

EXPENSES

MEALS

Print, sign, obtain authorization, make a copy for your files and forward to Financial Services (A291) 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 Financial Services. Refer to: ufv.ca/finance/accounting-operations/accounts payable/expense-claims

CERTIFIED CORRECT, CLAIMANT

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AUTHORIZED BY - PRINT AND SIGN

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