	School of Kine	siology		
	Travel Expense	Claim		
	(one trip per cla	aim)		
Name:		Student/Employee #:		
Payment Method (check one)   Mail cheque to the following address:		☐ Direct Deposit (for UBC employees only with direct deposit already set up with Payroll)		
DESTINATION:				
TRAVEL DATES:	Leave (mm/dd/yy):	Return (mm/dd/yy):		
PURPOSE (check one	<b>☑</b> )			
☐ Conference (Please	Attach Conference Agenda) Conference Title:			
☐ Other (specify):				
JUSTFICATION/PURPO	OSE (specific tasks completed):			
			•	
EXPENSES		Original Currency	Exchange Rate	Canadian Dollar
	Airfare/Public Carrier (Please attach Boarding Passes)			
	Airport/Baggage Fees			
	Car Renta			
	Cab Fare			
	Parking			
	Mileage @ \$0.68/km km (for the first 5,000km driven			
	\$0.62 per km driven after that. Please attach map Meals - \$80.00 CAD/day (domestic) OF	<u> </u>		
	\$100.00 USD or EURO/day (international			
	Accommodation			
	Conference Registration			
	Other Travel Expenses			
	Other Non-Travel Expenses			
CHARGE TO GRANT/SPEEDCHART#:		TOTAL AMOUNT CLAIMED (CDN) \$ -		
Travel Expense Guide	lines			
	); \$24 USD/INTL. <b>Lunch</b> \$20.00CAD; \$26USD/INTL. <b>Dinner</b> \$ is not claimed, please provide receipts)	42.00CAD; \$50USD/INTL.	Conference suppli	ed meals must be
* Please attach all <b>orig</b>	inal receipts. Photocopied or scanned copies are not accept	able. Please use lost receipt	t form for missing i	receipts.
* Travel on Tricouncil G has to be established to * <b>Airfare higher than e</b> 3.1.2 (Policy #83), must	itted within 6 months from the date of travel.  Frant: A justification or purpose of a trip has to be included on a part of the funded research. For non tricouncil, please provide the traceonomy: Travellers claiming for cost of air travel in a class his tobtain the approval of the Director.	ip purpose. gher than economy, other tha	an travellers claimi	ng pursuant to section
between the grantee ar objectives. The followir 1. Names & Affiliations 2. Number of people	· ·			
* <b>Alcohol</b> : Alcohol is no	ot reimbursable on all research grants. Alcohol on G funds req	uires a preapproval.		
	ign currency expenses, please attach credit card statement fprocessing from www.oanda.com/	if you wish to be reimbursed	the exact amount;	otherwise exchange rate
Traveller's Certific	ation	Supervisor's Approva	al	
been or will be claimed	that this is the first and only time that these expenses have; these expenses have been incurred in accordance with all s (#83 #84) and granting agency policies.	Authorization: I certify that required for the purposes of		ned are reasonable and
Signature:	Date:	Signature:		Date:

TRAVEL ADVANCE		(CDN) \$	
Budgeted Expenses for Travel Advance	Entertainment Guests		
\$			
\$			
\$			
\$			
\$			
\$			
<u> </u>			
\$			
Total Advance			