THOMPSON RIVERS UNIVERSITY

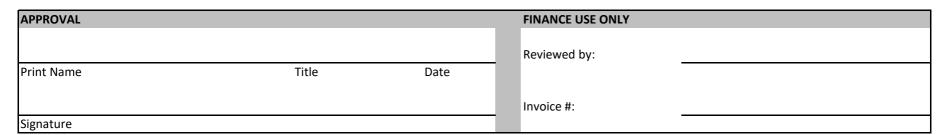# OLFM Expense Claim Form

Please return to: TRU Open Learning - Delivery Support
BCCOL 4th Floor - 805 TRU Way, Kamloops, BC, V2C 0C8
or Email to: OLFMClaimforms@tru.ca

OLFM ID # _____

(Mandatory field)

Name: _____ Request Date: _____

Department: _____ Destination: _____

Campus Address: _____ Trip Purpose: _____

Phone Number: _____ Travel Dates: _____

(Include day, month, year)

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

	Expenses	Fund	Org	Acct	Program	Activity

Per Diem (exclude meals provided)

				Expenses	Fund	Org	Acct	Program	Activity
Full Day	- days	@ $	60.00 CDN	$ - CDN	103000 -		- 75X210	- 999999	-
Breakfast	- days	@ $	12.00 CDN	$ - CDN	103000 -		- 75X210	- 999999	-
Lunch	- days	@ $	18.00 CDN	$ - CDN	103000 -		- 75X210	- 999999	-
Dinner	- days	@ $	30.00 CDN	$ - CDN	103000 -		- 75X210	- 999999	-
Incidentals	- days	@ $	10.00 CDN	$ - CDN	103000 -		- 75X210	- 999999	-
Sub-total				$ - CDN					

Accommodation

				Expenses	Fund	Org	Acct	Program	Activity
Hotel	- nights	@ $	CDN	$ - CDN	103000 -		- 75X310	- 999999	-
Private	- nights	@ $	40.00 CDN	$ - CDN	103000 -		- 75X310	- 999999	-
Sub-total				$ - CDN					

Travel

				Expenses	Fund	Org	Acct	Program	Activity
* Mileage	- kms.	@ $	0.50 CDN	$ - CDN	103000 -		- 75X010	- 999999	-
Mileage (Flat rate)				$ CDN	103000 -		- 75X010	- 999999	-
** Air				$ CDN	103000 -		- 75X110	- 999999	-
Sub-total				$ - CDN					

* Attach mileage support (ie. Mapquest/google map printout)

** TRU does not pay for Cancellation insurance.

Other Travel Expenses

	Expenses	Fund	Org	Acct	Program	Activity
Vehicle Rental	$ - CDN	103000 -		- 75X012	- 999999	-
Fuel Expense	$ - CDN	103000 -		- 75X013	- 999999	-
Conference/Registration Fees	$ - CDN	103000 -		- 75X410	- 999999	-
Other Transportation (ie. parking, taxi, toll, ferry)	$ - CDN	103000 -		- 75X411	- 999999	-
Sub-total	$ - CDN					

	Total Trip	Fund	Org	Acct	Program	Activity

Other Travel Expenses (Please specify)

	Total Trip	Fund		Org		Acct		Program		Activity
	$ - CDN	103000	-		-		-	999999	-	
	$ CDN	103000	-		-		-	999999	-	
	$ CDN	103000	-		-		-	999999	-	
	$ CDN	103000	-		-		-	999999	-	
	$ CDN	103000	-		-		-	999999	-	
	$ - CDN	103000	-		-		-	999999	-	

Sub-total $ - CDN

TOTALS: $ $ - CDN

Less Advance: (enter as a negative) $ - CDN   Please enter the amount that has been already reimbursed (i.e. air travel, conference registration)

Reimbursement or (Repayment to TRU) $ - CDN

* + $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			FINANCE USE ONLY	
			Reviewed by:	_____
Print Name	Title	Date		
			Invoice #:	_____
Signature				

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