## Thompson Rivers University Faculty Professional Allowance Claim Form (TRU/TRUFA Agreement Article 15.2)

Name of Claimant:										Claimant Phone Number:															
Claimant Maili	ng 4	Addr	ess:																						
Professional Allowance Account Code:																									
Fund		Org				Account					Prog	gram	m			Activity					Location				
	-				-				-					-					-						
Department: Date Subn											bmitt	ed:													
Faculty/School	/Div	visio	1										_												
	Please itemize each activity, membership or purchase and attach corresponding numbered receipts.																								
Please itemize each activity, membership or purchase and attach corresponding numbered receipts. Please convert all expenses to Canadian Dollars at the exchange rate on date of purchase.																									
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1												1	Amount				Amount				Amount				
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6 7																									
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8 9																	\$								
TOTALS																	_ \$								
Note: As non-ta University. After from the University the expiration of fair market value <b>I hereby certify</b>	er th sity this e as	at fai at fai threat the	alenda r marl e year date o	ar yea ket val perio of sucl	rs fr lue. d, th h ret	om t If th ne me irem	he da e mer ember ent or	te of nber will termi	puro retir have inati	ch es tion	ase, t s or is he op n of e	the m term tion mplo	emberinated inated of pur ymen	r has 1 as a chas t.	s tl an sin	he o em g th	optic ploy iese	on o vee iter	of p of t ms :	ourch the U from	e p nasi Jni n th	orope ing t vers le U	erty hese ity p	of the e items prior to	
Claimant Signat	ure									_															
Department Cha	irpe	rson A	Appro	val of	Exp	oense	S			_	Ple	ase P	rint N	ame	of	f Ch	airp	ers	on						
Chair signature confirms all expenses relate to the faculty member's employment and are for the benefit of Thompson Rivers University. If this is the case the fees will not be deemed taxable.																									
Note: This form	nee	ds to	be att	ached	to a	prop	er ex	pense	reir	nł	oursei	ment	form.												