

Travel Expense Form for Travel within CANADA

Staff ID # _____
(Mandatory field)

Name: _____
 Department: _____
 Campus Address: _____
 Phone Number: _____

Request Date: _____
 Destination: _____
 Trip Purpose: _____
 Travel Dates: _____
 (Include day, month, year)

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

****If attending conferences or meetings, please attach a copy of the itinerary****

	EXPENSES	P-CARD	Total Trip	Fund	Org	Acct	Program	Activity	
Per Diem (exclude meals provided)									
Full Day	- days @ \$ 60.00 CDN	Corporate Paid	\$ - CDN			75X210	999999		
Breakfast	- days @ \$ 12.00 CDN		\$ - CDN			75X210	999999		
Lunch	- days @ \$ 18.00 CDN		\$ - CDN			75X210	999999		
Dinner	- days @ \$ 30.00 CDN		\$ - CDN			75X210	999999		
Incidentals	- days @ \$ 10.00 CDN		\$ - CDN			75X210	999999		
Sub-total	\$ - CDN		\$ - CDN						
Accommodation									
Hotel	- nights @ \$ _____ CDN	\$ - CDN	\$ - CDN			75X310	999999		
Private	- nights @ \$ 40.00 CDN		\$ - CDN			75X310	999999		
Sub-total	\$ - CDN	\$ - CDN	\$ - CDN						
Travel									
* Mileage	- kms. @ \$ 0.50 CDN		\$ - CDN			75X010	999999		
Mileage (Flat rate)	_____ CDN		\$ - CDN			75X010	999999		
** Air	_____ CDN	\$ - CDN	\$ - CDN			75X110	999999		
Sub-total	\$ - CDN	\$ - CDN	\$ - CDN						
* Attach mileage support (ie. Mapquest/google map printout)									
** TRU does not pay for Cancellation insurance.									
Other Travel Expenses									
Vehicle Rental	\$ - CDN	\$ - CDN	\$ - CDN			75X012	999999		
Fuel Expense	\$ - CDN	\$ - CDN	\$ - CDN			75X013	999999		
Conference/Registration Fees	\$ - CDN	\$ - CDN	\$ - CDN			75X410	999999		
Other Transportation (ie. parking, taxi, toll, ferry)	\$ - CDN	\$ - CDN	\$ - CDN			75X411	999999		
Sub-total	\$ - CDN	\$ - CDN	\$ - CDN						

Other Travel Expenses (Please specify)

Sub-total

TOTALS:

Less Advance: (enter as a negative)

Reimbursement or (Repayment to TRU)

* ± \$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

EXPENSES

\$		CDN
\$		CDN
\$		CDN
\$		CDN
\$		CDN
\$		CDN
\$		CDN
\$	-	CDN

\$	-	CDN
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\$	-	CDN
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\$	-	CDN
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P-CARD

\$		CDN
\$		CDN
\$		CDN
\$		CDN
\$		CDN
\$		CDN
\$		CDN
\$	-	CDN

\$	-	CDN
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Add: other expenses related to this trip

Total Trip Cost

Total Trip

\$	-	CDN
\$	-	CDN
\$	-	CDN
\$	-	CDN
\$	-	CDN
\$	-	CDN
\$	-	CDN
\$	-	CDN

\$	-	CDN
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\$	-
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Fund	Org	Acct	Program	Activity
			999999	
			999999	
			999999	
			999999	
			999999	
			999999	

Please enter the amount that has been already reimbursed (i.e. air travel, conference registration)

APPROVAL				FINANCE USE ONLY	
Print Name	Title	Signature	Date	Reviewed by:	
				Invoice #:	

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