

# University of King's College

# Travel Expense Claim

<b>Full name (for cheque):</b>		<b>Date:</b>
<b>Institutional Affiliation:</b>		
<b>Purpose of travel and event location:</b>		
<b>Dates of travel:</b>	<b>Affiliation with organizing group?</b> (e.g., Co-app, collaborator, visiting speaker, other – specify)	
<b>Full Mailing Address (for cheque):</b>		
<b>Email Address:</b>	<b>Phone number:</b>	

**Instructions and Policy:**  
 Please attach original itemized receipts including original air travel ticket receipts and boarding passes (if available) in order, taped on 8<sup>1/2</sup> x 11 inch. sheets, circling totals. If travel by personal vehicle: Enter vehicle details and distance in Km. Rate is 0.44\$/Km. If claiming per diems (no receipts required): Rate is 48\$/day: brkfst 10\$, lunch 14\$, dinner 24\$. Can claim eligible receipts for meals or per diems for meals, not both. Cannot claim for meals already provided at event. Amounts claimed subject to change pending approval of spending authority. Claims must abide by institutional and/or Tri-Agency policy.  
 Qs? [Jennifer.barnhill@ukings.ca](mailto:Jennifer.barnhill@ukings.ca)

<b>Date</b> (YY/MM/DD)	<b>Particulars</b>	<b>Receipt #</b> (1,2,3...)	<b>Actual Amount</b> (CAN/Other)	<b>Canadian Total Claimed</b> (Incl. Tax)	<b>Foreign Total Claimed</b> (Incl. Tax)
<b>TOTAL*</b>					

\*Do not convert funds. Mark totals in appropriate column. Conversions of foreign funds into CAN and vice versa are done at time that cheque is issued.

Would you like your cheque drafted in foreign currency? If so, indicate the currency (EU / USD / Other). <i>Note: longer process and a fee incurred.</i>	
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**CERTIFICATION OF CLAIMANT:**

I hereby certify that these expenditures are true and correct, that the whole expenditure is a proper charge against Social Sciences and Humanities Research Council of Canada and event funds, and that the amounts claimed have not previously been, nor will be, claimed or reimbursed to me by any other organization. (Original/wet signatures only)

Signature of Claimant	Date	Signature of Approved Spending Authority
Print Name	<i>Updated Sept. 2014</i>	Print Name