

# TRAVEL EXPENSE CLAIM

Note: This form is to be used to reimburse guests in a currency other than CAD or USD, or for Chart 2 reimbursements.

All other claims are to be processed through [Concur](#). Questions can be directed to ConnectionPoint at (306) 966-2000 or [ConnectionPoint@usask.ca](mailto:ConnectionPoint@usask.ca).  
For assistance in completing this form please go to [http://www.usask.ca/fsd/resources/guidelines/procedures/completing\\_the\\_travel\\_forms.php](http://www.usask.ca/fsd/resources/guidelines/procedures/completing_the_travel_forms.php).

Name _____	NSID _____	UniFi Vendor Number (if known) _____
Research Affiliation re: Tri-Agency Travel _____		
Department / College _____	Room / Building _____	
Mailing Address (Street, City, Prov/St, Postal/Zip) _____		
Destination _____	Departure Date _____	Return Date _____
Trip Purpose _____		

**Details of Expenses: Attach Original Receipts; Copies Are NOT Acceptable; Attach Exchange Rate Verification (if applicable).**

DATE (mmm/dd)	Description	Transportatn (inc local-taxi)	Accommodtn (inc hotel/prv)	MEALS			Misc (reg fee, phone)	Exch Rate	TOTAL (CAN\$)
				Brkfst	Lunch	Dinner			

Please record the number of **Personal Days** included in this trip.

Subtotal....

**Personal Vehicle** - attach a **Vehicle Kilometer Log** if claim includes more than one trip.

KMS @

Foreign Currency Settlement:

Enter **EXPENSE DETAIL TOTAL...**  
(if applicable)....

CFOAPAL - Required Coding					Optional Coding		AMOUNT	FSD Use
Cht(1)	Fund(6)	Org(4)	Acct(5)	Prg(4)	Acty(5)	Lctn(6)		

**TOTAL.....**

Less Advance.....

**NET CLAIM....**

**NOTE: Attach receipts for prepaid expenses, e.g. airfare (e-ticket),  
registration fees, etc.**

**TOTAL....**

**Certification:** I certify that all expenses incurred are related to university business, that none have been claimed from other organizations, that they comply with university or funding agency travel expense guidelines, and that I personally paid for them.

Claimant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Prepared By / For Information Contact (Please Print) \_\_\_\_\_

Department / College \_\_\_\_\_

Phone \_\_\_\_\_

**Approval:** Note: Your signature indicates approval as to the appropriateness and reasonableness of the expenses being claimed. To the best of my knowledge, any expenses on this form identified as Tri-Agency related charges meet eligibility and compliance requirements of the Tri-Agency and the University.

Approver's Signature \_\_\_\_\_

Please Print Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Institutional Approval (only required if any expenses are being charged to a Tri-Agency fund)**

Institutional Approver's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

**Distribution:** Forward completed and approved form, including all required attachments (original receipts, event schedule /conference outline, Authority to Travel form, etc.) to Payment Services - E80 Administration Building