TRAVEL AND PROFESSIONAL DEVELOPMENT EXPENSE CLAIM

EXP

Financial Services
3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

CLEAR FORM

Please complete electronically, send the original claim to Accounts Payable, Financial Services and keep a copy for your records.

As required by the Travel and Professional Development Expense Reimbursement Policy 2005 and the Travel Expense Claim Procedure 2005-PR1, BCIT will reimburse travel and business expenses incurred for authorized Institute business by Board of Governors members, employees, and students during travel.

BCIT complies with legislative requirements, the Province of B.C.'s Taxpayer Accountability Principles, and Public Sector Accounting Standards, and the travel policy reflects these requirements. Infractions or deviations from this policy may result in disciplinary actions against the employee submitting the claim, and their approving manager.

Your claim will be returned in its entirety if the documentation or information provided does not comply with the procedures. This could possibly impact the 21 calendar day processing time.

PART 1 – EMPLOYEE AND TRAVEL / PROFESSIONAL DEVELOPMENT INFORMATION

Banner ID Number **A**	Name	Local/Contact No.

Position	Department

Please select one:

☐ Management (01) ☐ BCGEU Support (02) ☐ BCGEU Vocational (03) ☐ FSA (04) ☐ Non-employee (05)
☐ Student (06) ☐ Board of Governors (07)

Dates of Travel (one claim per trip)		Destination (please select one) (include city, country) ☐ International (01) ☐ Domestic (02)
From	To	
If personal travel is being added, please specify the dates:	From	To

PART 2 – PURPOSE OF TRAVEL / PROFESSIONAL DEVELOPMENT (Please select one)

☐ Industry Services (01)
☐ Student Recruitment (02)
☐ Program Delivery (03)
☐ Business Development (14)
☐ Staff Training / PD Development (not collective agreement) (15)
☐ Other (99)

Contractual / Collective Agreements

☐ PD 10.3 Pooled (04)
☐ PD 10.3 Individual (05)
☐ PD 10.5 Leave (06)
☐ PD Management (07)
☐ PD BCGEU Support Staff (08)
☐ PD BCGEU Vocational (09)
☐ PD Supercommittee (10)
☐ TREK Grant (11)
☐ PIDT Grant (12)
☐ Special Interest Grant (13)

Please provide further details for the purpose chosen above.

PART 3 – EMPLOYEE SIGNATURE

Signature	Date	Please attach a copy of your Request for Approval to Travel (FIN-23), if applicable.

PART 4 – APPROVAL (PER POLICY 2005)

Please provide Org. Code (must match the **Request for Approval to Travel FIN-23**), if applicable)	Signature	Print Name	Date

ACCOUNTS PAYABLE USE ONLY

Commodity Code	Org Code	Acct Code	Tracking Codes			Amount
						$
						$
						$
						$
						$
						$

FIN-21_V7 (2015:07)

PART 5 – TRAVEL / PROFESSIONAL DEVELOPMENT EXPENSES

Your expenses must be itemized daily. Original receipts to support each expense item with the method of payment is required.

If you have travelled to a foreign country the form will convert your foreign expenses to CDN funds. Please enter the currency expense in the applicable expense category row then TAB to the Exchange Rate box and enter the rate.

	Date	Date	Date	Date	Date	TOTALS IN $CDN FUNDS		
	Please enter MMM/DD/YY					If you have multiple rates for the same destination then choose the average.		
						Foreign Funds	Exch. Rate	CDN Funds
Airfare (Institute contracted Travel Agent Uniglobe must be used)							1.0000	
Mileage (rate) (Form FIN-152 is on page 3.							1.0000	
Motor Vehicle Rental							1.0000	
Other Transportation (e.g. tolls, ferries, taxis)							1.0000	
Parking Parking form FIN-152 is on page 3.							1.0000	
Accommodations							1.0000	
Meals (per diem) (If meals were not provided, please check off meals and indicate total daily cost.	☐ Breakfast ☐ Lunch ☐ Dinner ☐ Inc. $ _____	☐ Breakfast ☐ Lunch ☐ Dinner ☐ Inc. $ _____	☐ Breakfast ☐ Lunch ☐ Dinner ☐ Inc. $ _____	☐ Breakfast ☐ Lunch ☐ Dinner ☐ Inc. $ _____	☐ Breakfast ☐ Lunch ☐ Dinner ☐ Inc. $ _____		1.0000	
Hospitality (Refer to guidelines) ☐ Internal ☐ External							1.0000	
Tuition Registration Is it employment related training? ☐ Yes ☐ No							1.0000	
Membership Fees							1.0000	
Conference Fees							1.0000	
P.D. Non-travel Purchase FSA ONLY is a taxable benefit (10.3 form is required)							1.0000	
Other (No goods or services allowed that is not related to travel)							1.0000	

Please ensure you have completed this form in its entirety. If any documentation / information does not meet the Travel & Professional Development Expense Reimbursement Policy 2005 & Travel Expenses Claim Procedure 2005 PR1 requirements the claim may be returned further delaying the processing of your reimbursement.	**Total of Travel/PD Expenses**	$ 0.00
If there is more than 5 days of travelling, mileage/parking or multi destinations requiring different exchange rates, please complete additional page(s) form found on our web site and enter total(s) into the Extra Pages Amount box.	**Extra Pages Amounts**	$
ADVANCE #	**Less Advance**	$
Please provide an explanation for any variance that is 10% over the approved total budgeted cost from your Request for Approval to Travel (FIN-23) form.	**Net Claim or Amount Owing BCIT** (If owing attach a cheque or money order payable to BCIT).	$ 0.00

MILEAGE AND PARKING EXPENSE REIMBURSEMENT

Financial Services, Accounts Payable
3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

Use this form for mileage and parking details. To be used in conjunction with Travel and Professional Development Expense Reimbursement form (FIN-21). Please note: parking receipts are required.

For the month of:	**Name:**

DATE MMM/DD/YY	DESTINATION FROM	DESTINATION TO	KM	PARKING	PURPOSE
		Subtotal	0.0	$ 0.00	
		Please refer to 2005-GU1 Travel Per Diem & Km Rate Guidline **for per/km rate.**	@		
		TOTAL EXPENSE	**$ 0.00**	**$ $ 0.00**	

Please take total(s) and enter into the Mileage and/or Parking boxes in Part 5.

If you need further sheets please go to our website.

ADDITIONAL PAGE FOR MILEAGE AND PARKING EXPENSE REIMBURSEMENT

Financial Services, Accounts Payable
3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

Please note: parking receipts are required.

For the month of:	Name

DATE MMM/DD/YY	DESTINATION FROM	DESTINATION TO	KM	PARKING	PURPOSE
		Subtotal	0.0	0.00	
		Please refer to 2005-GU1 Travel Per Diem & Km Rate Guidline **for per/km rate.**	@		
		TOTAL EXPENSE	$ **0.00**	$ **0.00**	

Please take total(s) and enter into the Mileage and/or Parking boxes in Part 5.

If you need further sheets please go to our website.