



UNIVERSITY
OF MANITOBA

Guest / Student Travel & Business Claim Form

Current University employees must use Concur

RN _____

Travel Policy	Form Instructions	Mileage/Per Diems	RN link	Comprehensive?	Currency Converter
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A Payee Information <small>[all information in this section is required]</small>		
<input type="checkbox"/> Guest <input type="checkbox"/> Student <input type="checkbox"/> Former Employee / Nil Appointment ID# _____	Payee Name: <small>(first/middle/last)</small>	Claim Date:
	Home Mailing Address:	
	Phone:	Email:

B Travel Information		
Departure Date:	Return Date:	Trip Destination:
Purpose of Trip:		
Comprehensive Claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please comment:		
Honourariums: Is tax waiver attached? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, how will taxes be paid? <input type="checkbox"/> By Department <input type="checkbox"/> By individual <small>Note: for non-residents only. Please contact HR for honourariums to Canadian citizens or permanent residents.</small>		

C Research Funding Section <small>(required information for all research expenses)</small>	
Claimant Relationship to Grant: <input type="checkbox"/> Grantee <input type="checkbox"/> Student researcher <input type="checkbox"/> Research personnel <input type="checkbox"/> Visiting researcher <input type="checkbox"/> Other: _____	
Type of Trip: <input type="checkbox"/> Conference <input type="checkbox"/> Collaborative Trip <input type="checkbox"/> Field Work <input type="checkbox"/> Other: _____	

D Summary of Expenses				
Date	Expense Type	Amount Paid (\$)	Exchange Rate (CAD)	Amount Due (\$)
Total Expenses: (CAD)				

E	F	Q	A	P	A	L	Amount	Office Use Only

☐ **Banking Information Attached**
(All foreign claims requesting bank transfers must be accompanied by the Bank Transfer Request Form with full banking information)

Requested Currency: _____

Total for Payee:

F	Payee's Signature	Date:
Signing Authority	_____ (please print)	_____ Signature

I hereby certify that this is a correct statement of expenses which were incurred on University business and that all actual or anticipated payments or reimbursement by others have been incorporated (in compliance with UofM Travel & Business Expense procedures).

Department Contact	Name:	Phone:
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**Guest / Student
Travel & Business Claim Form
Instructions**

This form is to reimburse students, guests, and former employees / nil employees for eligible travel and business expenses incurred while on University of Manitoba business. UofM employees are reimbursed via Concur. A payment to a company, organization, or association cannot be made using this form; instead an invoice should be issued to the University.

At the top of the form are six different links you may find useful.

Section A

All of the information in this section must be complete in order for the claim to be processed. Please take care to ensure the address is correct, as this is where the cheque will be mailed to. The Payee's home address must be provided (do not use the host department's campus address or Payee's work address).

Section B

For the 'purpose' field, please be specific (e.g. provide the name of the conference, "collaboration with Dr. Z to discuss ABC", etc). Expense claims should normally be submitted within 30 days of the expense being incurred.

Section C

If this expense is applied to research funds, the Payee's affiliation with the project and supporting details are required. Supporting details include, but are not limited to, dates, place of travel, name of conference/event, and/or purpose of meeting.

Section D

The original receipts must be attached, as per CRA and Tri-Council regulations. **Photocopies of receipts are not admissible.** For meals and hotels, the itemized receipts must be provided (the credit card receipt only is not sufficient for these two expense types). Please provide appropriate detail for mileage claims (e.g. locations traveled, dates, and km claimed). Eligible expenses paid by the University are the same for employees as non-employees. It is the responsibility of the signing authority to ascertain that the expenses claimed are eligible University expenses, as per the UofM Travel Policy.

Section E

FOAPAL = Fund, Organization, Account, Program, Activity, Location. The Fund, Organization, Account, and Program codes are mandatory.

Section F

In addition to his/her signature, please clearly print the name of signing authority. The signing authority on the claim must also have signing authority on the FOAPAL the claim will be expensed to.