



Research Accounting – Expense Claim Form

Scan form, receipts and supporting documentation and email to RTAhelp@ucalgary.ca

For assistance contact RTA Help Desk at 403-210-7900 or RTAHelp@ucalgary.ca.

- ☐ Expense Claim
☐ PER (Faculty Only)
☐ Payment Request

UCID #

Title

Last Name:

First Name:

Contact #:

Email:

Address (Payment Request Only):

Purpose:

Example: Attend the conference "___" where I attended presentations and networked with students and colleagues.

Relevance:

Example: Conference "___" is a gathering of brain researchers and industry representatives sharing their learnings to guide / support my research project "___"

Destination:

Affiliation to Project funding:

Example: Grad student working on Dr. "___"'s research

Start Date (mm-dd-yyyy):

End Date (mm-dd-yyyy):

Please complete all the above fields.

Required Supporting Documents

Travel Claims:

- ☐ All Official Supporting Documents (ie. schedule or program indicating the dates of meetings, conferences or workshops)
- ☐ Details of daily claims for expenditures relating to those visits.
- ☐ Detailed Receipts (ie. hotel folio, restaurant receipts, car rental agreement, etc.)
- ☐ Proof of Payment for all receipts (if receipt is in foreign currency you must provide verification of exchange rate or accept the default Peoplesoft rate)
- ☐ Detailed Air Travel receipts and boarding passes or any other evidence that support travel expense claimed
- ☐ For Tri-Council projects, prepare a separate claim for each trip (must be from Calgary to Calgary)

Meeting Expenses:

- ☐ Names and number of attendees as well as purpose of meeting is required

Equipment & Supply Claims:

- ☐ Justification is required for items deemed personal in nature (ie. electronic equipment, field work clothing, lab supplies, etc.)

Payment Request Claims:

- ☐ Wire Payment Request Form (www.ucalgary.ca/finance/operations/ap/forms) required for international visitors
- Electronic Funds Transfer Form (www.ucalgary.ca/finance/operations/ap/forms)

Please remember to attach all required backup and documentation according to University Policy and Procedure and Sponsor Funding Terms and Conditions.

Fund: _____ **DeptID:** _____ **Project Number:** _____ **Activity:** _____

Expense Description	Payment Type	Expense Date	Amount	Currency	Receipt Attached?
TOTAL					

CLAIMANT DECLARATION:

I have provided all the expense details in accordance with Sponsor Funding Terms and Conditions, relating to the above indicated Project, and as per University Policy and Procedure.

Submitted by

Contact #

E-mail

Date (mm-dd-yyyy):

Print Name: Project Owner/Dept Head/Dean
(only required for Payment Request claims involving travel)

Date (mm-dd-yyyy):

Signature: Project Owner/Dept Head/Dean
(only required for Payment Request claims involving travel)

Date (mm-dd-yyyy):