Travel Policy | Form Instructions | Per Diems | Currency Converter | Int'l Per Diems (meals only) | Hospitality Details Form

UNB EST. 1785 UNIVERSITY OF NEW BRUNSWICK

Travel Expense Claim Form

Please note: Reimbursement is by Direct Deposit only

Claimant Name (LAST, FIRST, MIDDLE): ______________________ UNB ID# or SIN: __________ Department: __________

Email: ______________________

Non-Employee Mailing Address: ______________________ Status: Select One ______________________

(If OTHER, please specify)

Travel Start Date: __________ Travel End Date: __________ Personal dates included in this trip: __________

Indicate any expenses prepaid by UNB or covered by Third-Party: ______________________

Purpose of this trip and direct relationship to the University: ______________________

ATTACH A SPREADSHEET FOR US AND OTHER FOREING CURRENCY WITH FUNDS COVERTED TO CANADIAN DOLLARS. YOU MAY ALSO INCLUDE A SPREADSHEET FOR CANADIAN TRAVEL WITH EXCESSIVE NUMBER OF RECEIPTS

		EXPENSES						TOTALS ($)										
PO# IF USED TO PAY	**DATES:**								**ACCOUNT NUMBERS**									
	LOCATION:								**LOC**		**UNIT**		**OBJECT**		**FUND**		**FC**	**DO NOT USE**
	Air/Rail Amount									-		-	61105	-		-		
	Fuel									-		-	61125	-		-		
	Car Rental									-		-	61135	-		-		
	Mileage: ACTUAL KMS									-		-		-		-		
	$0.55/KM TOTAL(S)									-		-	61105	-		-		
	Taxis / Parking									-		-	61120	-		-		
	Meals									-		-	61115	-		-		
	Registration									-		-	61155	-		-		
	Accommodation									-		-	61110	-		-		
	Fax / Phone/ Internet									-		-	71410	-		-		
	Incidentals - $5 per night									-		-	61116	-		-		
	Hospitality (Details Form required)									-		-	63033	-		-		
	Alcohol									-		-	61132	-		-		
	OTHER (please specify)									-		-		-		-		

Additional Info: ______________________

Claim and backup documents MUST be submitted electronically to accpay@unb.ca

Total Expenses: __________

Deduct Other: __________

Deduct Advance: __________

TOTAL CLAIM (CAD FUNDS): __________

Claimant's Signature: Certifies that they incurred the expenses and they are in compliance with University and granting agency policies and that no reimbursement request has been or will be made to a third party for these expenses.

Signing Approval: The individual who approves this claim is responsible for ensuring that expenditures are considered appropriate, reasonable and in accordance with University policy and guidelines.

FINANCIAL SERVICES USE ONLY			
A/P	BUDGET	RES. FUNDS	PDA

☐ **Pay Traveller**

☐ **Due to U.N.B**
Please include remittance (no cash)

Claimant Signature: __________

Date of Claim: __________

Approval Signature: __________

Approved By (print): __________

Title: __________

Approval Date: __________