

## Guest / Student Travel & Business Claim Form

\_\_\_\_\_her
reference: \_\_\_\_\_

UofM Employees <u>must</u> use Concur

A Claimant Information	[all information in	this section is required]						
Guest	Claim Date: (first/middle/last)  Claim Date: mmm-dd-yy					3,		
Student	Home Mailing Address: (claimants will be paid by cheque)							
Other (explain in Section B)								
Employee/Student								
ID#	Phone:	Phone: Email:						
	r none.							
B Travel Information [all information in this section is required]								
Departure Date:	📥 Return	Date:	📥 Trip De	stination:				
Purpose of claim: How does this rela	ate to University business? If claiming o	on a Research fund, how does this r	relate to the research project? Is an	y extra context around special circum.	stances necessary to process this cla	im?		
<b>F</b>		, , ,	, , , , , , , , , , , , , , , , , , ,	,				
Are these all the expenses	Yes No	If no, what's m	issing?					
related to the trip?								
C Research Funding S								
Claimant Relationship to Gr	rant: Grantee	Student researche	er Research per	rsonnel Visiting	researcher Oth	er:		
Type of Trip: Conference Collaborative Trip Field Work Other:								
<b>D</b> Authorization (please	determine the signing author	rities based on the FOAPs	used on page 2. These sig	gnatures should be obtained	as the last part of comple	eting this form.)		
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								
reimbursemen	ts from others have be	en incorporated (in d	compliance with Uoj	fM Travel and Busines	Expense procedures	s).		
Claimant's Signature					Date:	3		
Signing Authority 1								
Signing Authority 1	(please print)			Signature				
Signing Authority 2								
Signing Authority 2	(please print)		Signature					
Signing Authority 3								
Signing Authority 3 (please print)			Signature					
Signing Authority 4	gning Authority A							
organing Authority 4		(please print)			Signature			
Department Contact	Name: Phone/Email:							

E Summary of Expenses								
Date:	Expense Description:  Indicate exchange rate used if applicable	Amount Paid	Currency Paid in	Amount Requested	Req'd Currency			
		Total Expenses:						

F Payment Summary - To be completed by University Department								
F	0	A	P	<u>Amount</u>	<u>Currency</u>	<u>General Ledger</u> <u>Amount (in CAD)</u>		
			<u>Total:</u>					

Note: the total in Section F must match the total in Section E.

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Name RN	First & Last N	ame					
			Sum	mary of	FOAPAL		
F	0	Α	Р	Α	L	AMOUNT	OFFICE USE ONLY
127979	340901	713008	1100			313.40	
127979	340901	713108	1100			32.81	
127979	340901	713108	1100			569.96	
127979	340901	713808	1100			24.23	
127979	340901	713808	1100			25.70	
						33.90	
			4400			212.12	
		713008	1100			313.40	
		713108	1100			32.81	
		713108 713808	1100 1100			569.96 24.23	
		713808	1100			25.70	
		713908	1100			33.90	
		713300	1100			33.30	
					Total Payable	\$ 2,000.00	_
Requested C	urrency	CDN 🗸	U.S				
Comments:							
Signing Aut							
Name	Suzanne Doyle			Signature			
Name	Mr. Dale Gustafson			Signature			