# UNIVERSITY OF MANITOBA

## Guest / Student
## Travel & Business Claim Form

*UofM Employees must use Concur*

RN _____

other

reference: _____

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| **A** | **Claimant Information** | *[all information in this section is required]* |
|---|---|---|

| **Guest** | **Claimant Name:** *(first/middle/last)* | **Claim Date:** *mmm-dd-yy* |
|---|---|---|
| **Student** | **Home Mailing Address:** *(claimants will be paid by cheque)* | |
| **Other** *(explain in Section B)* | | |
| **Employee/Student ID# _____** | **Phone:** | **Email:** |

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| **B** | **Travel Information** | *[all information in this section is required]* |
|---|---|---|

| **Departure Date:** | **Return Date:** | **Trip Destination:** |
|---|---|---|

**Purpose of claim:** *How does this relate to University business? If claiming on a Research fund, how does this relate to the research project? Is any extra context around special circumstances necessary to process this claim?*

| **Are these all the expenses related to the trip?** | **Yes** | **No** | **If no, what's missing?** |
|---|---|---|---|

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| **C** | **Research Funding Section** | *(required information for all research expenses)* |
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| **Claimant Relationship to Grant:** | Grantee | Student researcher | Research personnel | Visiting researcher | Other: |
|---|---|---|---|---|---|
| **Type of Trip:** | Conference | Collaborative Trip | Field Work | Other: | |

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| **D** | **Authorization** | *(please determine the signing authorities based on the FOAPs used on page 2. These signatures should be obtained as the last part of completing 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 reimbursements from others have been incorporated (in compliance with UofM Travel and Business Expense procedures).*

| **Claimant's Signature** | | **Date:** |
|---|---|---|
| Signing Authority 1 | (please print) | Signature |
| Signing Authority 2 | (please print) | Signature |
| Signing Authority 3 | (please print) | Signature |
| Signing 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** |
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| | | **Total Expenses:** | | | |

| F | Payment Summary – *To be completed by University Department* | | | | | |
|---|---|---|---|---|---|---|
| **F** | **O** | **A** | **P** | **Amount** | **Currency** | **General Ledger Amount (in CAD)** |
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| | | | **Total:** | | | |

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

# Guest / Student
## Travel & Business Claim Form

## Instructions

This form is to reimburse students and guests for eligible travel and business expenses incurred while on University of Manitoba business. UofM employees are reimbursed via the Concur system. A payment to a company, organization, or association cannot be made using this form; instead an invoice should be issued to the University. For payments to an individual for services rendered (honorariums for Canadian Citizens or Permanent Residents), please contact the Human Resources department (at 474-9552 or hris@umanitoba.ca), they cannot be processed on this form.

This form is a fillable pdf document. We recommend using the fields to type in your information before printing. Expense claims should normally be submitted within 30 days of the expense being incurred. Please ensure you obtain an RN# from the U Manitoba website: http://www.umanitoba.ca/expense_rn/.

- **Note that "Other reference" is where you will indicate any Concur claims or other paper claims that are related to these expenses being claimed.**
- **Claimants should fill out sections A, B, C, D, and E.**
- **The department contact should update section B, make any necessary edits or additions to sections C, D, and E, and will need to fill out section F.**

### Section A: Claimant Information
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. The claimant's home address must be provided (do not use the host department's campus address or the claimant's work address).

### Section B: Travel Information
For the 'purpose' field, please be specific (e.g. provide the name of the conference, "collaboration with Dr. Z to discuss ABC", etc). Please include any additional information in regards to the claim in this section. For example, is the claimant a former employee without access to Concur? Does the cheque need to be issued in a currency other than CAD? Does the cheque need to be held for pick up? Are these expenses honorariums for research participants? If this is on a Research fund, how do the expenses relate to the research? Was it approved by the Research Ethics Board? Every claim requires context.

### Section C: Research Funding Section
If this expense is being applied to a research fund, the claimant'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. Please attach your conference agenda or program to your claim.

**Section D: Authorization**

In addition to the claimant's signature, please clearly print the names of the signing authorities. The signing authority on the claim must also have signing authority on the FOAPAL the claim will be expensed to. You may have several signing authorities that need to authorize a claim for the total amount to be paid out. If a signing authority does not sign off on an expense, it needs to be removed from Section F, and the amount requested adjusted in Section E before being sent to Travel Services for processing.

For claims against research funds, student claims need to be approved by the signing authority of the grant. In the signing authority's absence it should be approved by an alternate signing authority on the fund. A visiting researcher's claim needs to be approved by the one-over-one of the signing authority.

**Section E: Summary of Expenses**

Filling out your expenses:

**Date:** this should match the date on the receipt.

**Expense Descriptions:** this is where the expense details go (ie: conference registration for CAUBO 2017, etc.). If a different currency than Canadian was used for the transaction, please indicate the exchange rate in the description.

**Amount Paid:** this is where the amount paid, in the currency in which it was paid, needs to be entered. This needs to match the receipt provided. So, if you paid $350 USD for your conference registration, you'll enter $350 here.

**Currency Paid In:** This is where the currency of the payment is indicated – so, following the above example, in this column, enter USD. No conversions have been made at this point. If the payment was in Canadian funds, please still indicate CAD in this column so we can be sure no conversion took place.

**Amount Requested:** Here is where you will put how much you want the claimant to be reimbursed for this expense, in the currency in which you want them to be paid. To continue with the above example: if $350 USD was paid and the full amount is being reimbursed, the equivalent amount in the currency in which the claimant will be paid needs to be entered (ex: $457.71, with CAD in the next column). If USD funds are being paid out, then $350 will be entered in this column as well.

   o   If only part of an expense is being reimbursed, take that into account in this column. So, if only $200 CAD is being reimbursed for the $350 USD registration, then $200 will be entered here.

**Req'd Currency:** This is where the currency of the reimbursement amount is indicated. If the claimant is being paid in Canadian funds, then CAD will be entered here, with the Canadian amount in the previous column.

In addition to this section, the original receipts must be attached. 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 nonemployees as 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.

The amount paid should match the amount on the receipt (in amount and currency). The amount requested is the amount of that expense that needs to be paid out to the student (this is how you would deduct for travel awards, personal amounts, etc**.). The total amount requested here needs to equal the total amount listed in Section F for payment**.

**Section F: Payment Summary**

Claimants will need to have their affiliated department fill out this section.

FOAPAL = Fund, Organization, Account, Program, Activity, Location. The Fund, Organization, Account, and Program codes are mandatory. The total amount listed (in the currency the claim will be paid in) needs to equal the amount requested total in Section E. The last column for the general ledger amount will be the equivalent in Canadian funds, as it will show in FAST for what will hit each FOAP.