

TRAVEL EXPENSE REPORT

For **NON-UWO Employees Only**
 (UWO Employees must use the On-line
 Travel Expenses module at finance.uwo.ca)



The University of Western Ontario
 Division of Financial Services
 Suite 6100, Support Services Building
 London, Ontario N6A 3K7
travel@uwo.ca

SHADED AREAS FOR DEPARTMENT OF FINANCIAL SERVICES USE ONLY.

Voucher # E	Vendor # 9	Y Y M M D D [][][][][][]	Reference Description [Shaded Area]
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(Please Check)

CLAIMANTS NAME (Please print)

Graduate Student: Yes No
 Research: Yes No

Last First Initial

Faculty / Department / Street Address

Special Instructions

Room Number / Building / City

Province / State Postal / Zip Phone Number

E-Mail Address Currency [][]

Cheque Handling [Shaded Area]

ITINERARY (Mandatory)	
Purpose of Travel or Expense (Required):	
Location:	
Dates:	

- INSTRUCTIONS:**
- On Page 2 complete the expense categories A through D as applicable.
 - Complete Section E on Page 4 if you have any advances or if any expenses were paid directly by the University, on an Advance Line.
 - Complete the top part of this page by indicating your name and department address (or home address for non-employees).
 - Allow 3 - 5 working days for processing the claim.
 - Convert all foreign/US amounts to Canadian currency using the exchange rate at the time the expenses were incurred.

***See New Per Diem Rates, Page 3, Effective July 1, 2005**

Total Expenses (from Page 2)	①	\$
Total Advances/Direct Expenses (from Page 4)	②	\$
① - ②	\$	Return To UWO
	\$	Due to Claimant

\$1.00 neither paid nor refunded.

A Transportation				Receipt Total	Deduct Personal Expenses included	Currency Exchange	Claim Amount
From	Dates	To	Description (for car show Km x Rate)				
TOTAL of A						\$	
Amount	Speed Code	Account #	Fund	Dept./Org.	Program	Project/Grant	

B Accommodation				Receipt Total	Deduct Personal Expenses included	Currency Exchange	Claim Amount
From	Dates	To	Description				
TOTAL of B						\$	
Amount	Speed Code	Account #	Fund	Dept./Org.	Program	Project/Grant	

C Meals & Business Hospitality				Receipt Total	Deduct Personal Expenses included	Currency Exchange	Claim Amount
From	Dates	To	Description				
TOTAL of C						\$	
Amount	Speed Code	Account #	Fund	Dept./Org.	Program	Project/Grant	

D Supplies / Subject Fees / Misc.				Receipt Total	Deduct Personal Expenses included	Currency Exchange	Claim Amount
From	Dates	To	Description				
TOTAL of D						\$	
Amount	Speed Code	Account #	Fund	Dept./Org.	Program	Project/Grant	

Total Expenses: A + B + C + D \$

STAPLE RECEIPTS HERE

GENERAL GUIDELINES

1. Please ensure that all claims for expenses are in accordance with University policy.
2. U.W.O. employees will be reimbursed in CANADIAN funds only.
3. A copy of the Travel Claims Guide and/or Travel Policy can be obtained from your Department Administrator or the World Wide Web. These documents provide the current Mileage and Meal Allowance rates.
4. Invoices for supplies that exceed \$1000 should be paid through the Purchase Order System.
5. Please attach all receipts and an explanation for any of the following items:

- .. Missing receipts
- .. Air fare that exceed Economy Rate
- .. Room rates in excess of the Basic Rate

6. a) Meal Allowances (<i>Per Diem</i>):	Breakfast	\$ 10.00	b) Mileage Allowance:	Km	40¢
	Lunch	12.00		Mi	64¢
	Dinner	<u>23.00</u>			
		\$45.00			

EXPLANATION OF POLICY EXCEPTIONS (*additional space on Page 4*)

APPROVALS

(Expense reports missing Approval Signatures will be returned.)

CLAIMANT:

I certify that all expenses submitted are reasonable and in accordance with University policy and will not be used as claims to other organizations for income tax purposes. Expenses reflect due regard for value for money, and personal expenses have been deducted. Exceptions to policy have been explained in writing and outstanding cash advances and prepaid expenses have been accounted for.

Print Name _____

Signature _____

Date _____

PRINCIPAL INVESTIGATOR (Research Grants Only):

I certify that these expenses are in accordance with the budget of the grant/contract and they adhere to the policies and procedures of the granting agency(ies).

Print Name _____

Signature _____

Date _____

BUDGET UNIT HEAD / DESIGNATE:

I certify that the expenses are for University purposes only, and are in accordance with University policy. Exceptions to the Policy, which are documented by the Claimant, are reasonable under the circumstances.

Print Name _____

Signature _____

Date _____

