

Guest / Student Travel & Business Claim Form

RN ______ other reference: _____

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

A Claimant Information	on [all information in	this section is required]					
Guest	Claimant Name: (first/middle/last) Claim Date: mmm-dd-yy					<u></u>	
Student	Home Mailing Address: (claimants will be paid by cheque)						
Other (explain in Section B)							
Employee/Student							
ID#	Phone: Email:						
	1 Hone:						
B Travel Information	[all information in t	this section is required]					
Departure Date:	Return		Trip De	stination:			
Purpose of claim: How does this rel					tances necessary to process this e	claim?	
T ut pose of claim. How does this rel	ate to University business? If claiming	on a Kesearch fund, now does this re	elate to the research project? Is an	y extra context around special circums	tances necessary to process this c	naim?	
Are these all the expenses Yes No If no, what's missing? related to the trip?							
related to the trip.							
C Research Funding S	ection (required inform	ation for all research expe	nses)				
Claimant Relationship to G	rant: Grantee	Student researcher	r Research pe	rsonnel Visiting r	esearcher Ot	her:	
Type of Trip: Confe	rence Collabora	ntive Trip Fiel	ld Work Ot	her:			
D Authorization (please	determine the signing autho	orities based on the FOAPs	used on page 2. These sig	natures should be obtained	as the last part of comp	oleting this form.)	
I hereby certify that this is a							
reimbursemen	ts from others have be	en incorporated (in c	compliance with Uo	fM Travel and Business	Expense procedure	es).	
Claimant's Signature					Date:	3,	
Signing Authority 1				·			
Signing Authority 1		(please print)			Signature		
Signing Authority 2							
Signing riuthority 2	ng Authority 2 (please print) Signature						
Signing Authority 3							
		(please print)			Signature		
Signing Authority 4							
		(please print)			Signature		
Department Contact	Name:	P	hone/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.