Departmental Travel and Expense Report form –

Name ___________________________
Employee ID# ________________________
If you are a grad student, who is your supervisor? __________________________
Do you want a cheque ☐ or direct deposit ☐
Did you receive an advance for this or was travel booked through BCD travel? Circle Y or N

Dates this claim covers ________________________ to ____________________
(departure and arrival dates or first and last purchase date)

Location for travel claims (city, province, country) ________________________________

Purpose (name of conference, companies/individuals attending meetings, or use of research supplies)
____________________________________________________________________________
____________________________________________________________________________

Account numbers and distribution of charges if more than one account is being used
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Any additional details (km’s to be claimed ($0.47/km), personal amounts to deduct, travel scholarships,
meal per diems on eligible accounts ($17/meal), etc.)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please paperclip all original receipts and boarding passes or missing receipt forms.
Please note that credit card slips are not acceptable receipts.

Supervisor/Professor Signature________________________

Traveler/Claimants signature________________________

I have read the University’s published regulations on the reimbursement of expenses and confirm that I
am in compliance.

Please print name and title____________________________________________