

SHORT TRAVEL EXPENSE REPORT



The University of Western Ontario
 Department of Finance
 Room 280, Stevenson-Lawson Building
 519-679-2111 Ext. 85496 / 85499

SHADED AREAS FOR FINANCE DEPARTMENT

USE ONLY

Voucher #
 EX

Vendor #
 9

Y Y M M D D

Reference Description

CLAIMANTS NAME (Please Print)

UWO Employee # / Student #

Last First Initial

Visitor

Faculty / Department / Street Address

**DEPARTMENT OF FINANCE
 USE ONLY**
 INITIALS DATE

Room Number / Building / City

Province / State Postal / Zip Phone Number

Currency

Cheque Handling

E-mail Address

ITINERARY

Purpose of Travel

Destination

Date - From To

SHORT FORM EXPENSE - NO RECEIPTS REQUIRED EXCEPT FOR PARKING LOTS AND TAXIS

MILEAGE ALLOWANCE

AMOUNT

A) Km / Miles _____ x _____ = \$ _____
 or
 B) Flat Rate Allowance _____ = \$ _____

MEAL ALLOWANCE

_____ Breakfast _____ Lunch _____ Dinner = \$ _____

PARKING (receipt required except for meter)

= \$ _____

TAXIS (receipt required)

= \$ _____

TOTAL

= \$ _____

GST included in above (*Note).

SUBJECT FEE

No. of Subjects x \$ Rate = \$ _____

GST not applicable.

ACCOUNT INFORMATION

PST

GST

DESCRIPTION

AMOUNT	SPEED CODE	ACCOUNT #	FD	DEPT./ORG.	PROGRAM	PROJECT/GRANT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DESCRIPTION

AMOUNT	SPEED CODE	ACCOUNT #	FD	DEPT./ORG.	PROGRAM	PROJECT/GRANT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*NOTE: GST rebate will be credited to A/C automatically

TOTAL DUE CLAIMANT \$

\$1.00 neither paid nor refunded.

SEE REVERSE OF CLAIM FOR APPROVAL SIGNATURES



The University of Western Ontario

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Summary of Policy and Instructions

USE THIS FORM ONLY FOR SIMPLIFIED CLAIMS WHERE A MINIMUM OF RECEIPTS ARE REQUIRED.

INSTRUCTIONS

1. Indicate your name, department address (home address for non-employees).
2. Complete the expense categories in space provided, total the claim and transfer total to the Summary section.
3. Complete account number(s) to be charged.
4. Obtain the appropriate approval signatures (below).

SUMMARY OF TRAVEL POLICY APPLICABLE TO THIS FORM

1. The claimant is responsible for ensuring that claims are for expenses incurred in accordance with University policy.
2. Travel expenses can only be reimbursed by submitting a properly completed and approved travel expense report. Original receipts are required for taxis and parking lots.
3. Only Canadian expenses should be charged on this short travel expense report.
4. Mileage and meal allowance rates can be obtained from Appendix A of the Travel Policy, accessing the mainframe bulletin Board, or by accessing the Travel Web Page at <http://www.uwo.ca/finance/travel/perdiem.html>
5. Reimbursement for subject fees may be made using this form. They must be accompanied by a signed receipt except where these receipts are kept on file in the originating department due to patient confidentiality requirements.

APPROVALS

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.

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).

Signature: _____ Date: _____

BUDGET UNIT HEAD / DESIGNATE:

I certify that the expenses are for University purposes only, and are in accordance with University policy.

Signature: _____ Date: _____