First Nations University of Canada Inc.

EXPENSE CLAIM

For instructions, please see the attached instruction sheet (incomplete forms will be returned)

Name			Campus and Department			Phone and Extension	
Departure Date (dd-mmm-yy) Return Date (dd-mmm-yy		Destination (City/Prov/Country) FROM:Purpose of Travel			TO:		
Departure Ti	me AM / PM	Return Time AM / PM					
Date		scription	Transportation	Accommodations	Meals & Per	Hospitality	Other
(DD-MMM-YY) (provi		tailed information)	(air, taxi, bus, train, car	(hotel / private)	Diem	(provide names &	(ie. Incidentals, conference
			rental, gas receipts, mileage)			purpose of meeting)	fees, tuition, etc.)
			Cost	Cost	Cost	Cost	Cost
Column Total			0.00	0.00	0.00	0.00	0.00
Exchange Rate (Enter rate and attach source documents)							
Grand Total (Cdn \$)			0.00	0.00	0.00	0.00	54.45

Distribition:

Finance - Original

Department - retain copies as required