



<b>Cheque Payable to:</b> (Claimant's Name)		<b>Campus and Department</b>		<b>Phone and Ext.</b>	<b>Mailing Address &amp; Postal Code</b>				
<b>Expense Claim Summary</b> (attach Expense Claims)	<b>Expense Claim 1</b>	<b>Expense Claim 2</b>	<b>Expense Claim 3</b>	<b>Expense Claim 4</b>	<b>Expense Claim 5</b>	<b>Expense Claim 6</b>	<b>Expense Claim 7</b>	<b>Expense Claim 8</b>	<b>TOTAL CLAIM</b>
Transportation									0
Accommodations									0
Meals / Per Diems									0
Hospitality									0
Other									0
<b>Total</b>	0	0	0	0	0	0	0	0	0
<b>Third Party Recovery</b> (Please circle)					<b>Budget Code:</b>				<b>TOTAL</b>
I will /will not be receiving Third Party Recovery for all or a portion of these expenses									
<b>Amount Recoverable: \$</b>									\$
<b>Claimant Certification</b>									\$
I certify the expenditures are in accordance with University Policies									\$
<b>Date (dd-mmm-yy)</b>	<b>Claimant (Signature)</b>	<b>Claimant (Print)</b>							\$
					<b>Total Reimbursable Expenses</b>				
<b>Authorization in accordance with University Policies</b>					<b>Less Advance:</b>				
	<b>Approver (Signature)</b>	<b>Approver (Print)</b>			Budget Code: 0240-000-000				\$
<b>Date (dd-mmm-yy)</b>	<b>Depart Head/Senior Mgmt</b>	<b>Depart Head/Senior Mgmt</b>			Budget Code: 0240-000-000				\$
					<b>Total Advance</b>				\$
Please allow a minimum of 10 business days for processing					<b>Balance Due Claimant</b>				
					<b>Balance Due University</b>				\$

**Distribution:**

Finance - Original

Department - retain copies as required