



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

Distribution:
 Finance - Original
 Department - retain copies as required