MEMORIAL UNIVERSITY

Pg. _____ of _____

TRAVEL CLAIM A

PLEASE PRINT (PREFERABLY TYPE) PLEASE READ INFORMATION ON REVERSE BEFORE PROCEEDING
THE INFORMATION REQUIRED IN BLOCKS MUST BE COMPLETED

CLAIMANT _____

DEPT. _____

FACULTY _____ POSITION TITLE _____

NAPE ☐ MUNFA ☐ CUPE ☐ NON-BARGAINING ☐ OTHER ☐

HOME ADDRESS _____

SEND CHEQUE TO: HOME ADDRESS ☐ DEPT. ADDRESS ☐

SIN IF APPLICABLE _____

DETAILS OF TRAVEL (SEE REVERSE 1C)

TIME DEPARTED _____ TIME RETURNED _____

DATE mm/dd/yy	PARTICULARS	DOCUMENT NUMBER	MEALS	HOTEL OR LODGING	TRAVEL	OTHER EXPENSES	EXCH. RATE	EXCH.	TOTAL	FIN-SERVICES USE ONLY	
Column Totals $ _____											

I hereby certify that the whole of the expenditure stated in the foregoing account was actually and necesssarily incurred on University business and that these expenses comply with the University Travel Policies and that none of these expenses have been or will be reimbursed from any other source of funds.

_____
Claimant

Total advance held before above expenses incurred $ _____

Advance since received $ _____

Total $ _____

Total of above expenses $ _____

Balance due University $ _____

Balance due Claimant $ _____

REQUIRED ADMINISTRATIVE APPROVALS

I acknowledge responsibility that all expenditures are valid, in compliance with the policies of the University and that sufficient funds are avalable to cover the expenditures

_____ Administrative Signature _____ Date mm/dd/yy

_____ Vice-President/President _____ Date mm/dd/yy

_____ Financial Services-Audit _____ Date mm/dd/yy

JV# _____

INV DOC #	VENDOR #/STUDENT ID	ENCUMBRANCE #	DUE DATE M M D D Y Y	BANK #
I		E T		

VENDOR INV #	DESCRIPTION	1099	DEL POINT (ENC)

FUND	ORGANIZATION	ACCOUNT	PROGRAM	ACTIVITY	LOCATION	AMOUNT
FUND	ORGANIZATION	ACCOUNT	PROGRAM	ACTIVITY	LOCATION	AMOUNT
FUND	ORGANIZATION	ACCOUNT	PROGRAM	ACTIVITY	LOCATION	AMOUNT

FAAINVE

1st Copy - Financial Services 2nd Copy - Financial Servies for Munfa 3rd Copy - Department or Faculty or Staff member BAN-DP-02-2007