



University of Calgary
 Department of Family Medicine
 Expense Claim Form

Date:
 Invoice #:

Expenses Payable to: Name:
 Address:
 City: Prov/State:
 PC or ZIP: Country:
 Ph: Email:

EXPENSE	DESCRIPTION	AMOUNT (\$)
Transportation (Air/taxi/parking) <i>*Include boarding passes.</i>		
Mileage	x /km	
Accommodation		
Sustenance		
Other		
TOTAL:		
Expense justification: Expense purpose, meeting /Conference name, location, date, purpose of attending.		

****Please email detailed receipts and supporting documentation with this form****

I certify that the pre-approved expenses listed incurred for a University of Calgary business-related purpose or a purpose permitted under the terms of PER or a research project agreement.

Claimant Signature: _____

Internal Use Only								
Fund	Dept	Account	Project	Activity				
AHS Accounting String:								
Approval:				Date:				