



**APPENDIX B: TRAVEL EXPENSE CLAIM FORM**

**TRAVEL – MEDICAL STUDENT (TRAVEL EXPENSE CLAIM FORM)**

Please remit within 30 days of incurring expense

**FLIGHT BOARDING PASSES, ITINERARY AND PROOF OF PAYMENT REQUIRED**

**For all other expenses - ORIGINAL RECEIPTS MUST BE ATTACHED**

FULL NAME (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

ADDRESS \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

PURPOSE of TRAVEL: \_\_\_\_\_

Meeting Date	Expenses (attach receipts)	To be reimbursed	TOTAL EXPENSES
	Air Transportation		
	Ground Transportation		
	Accommodations		
	Meals (as per UofC guidelines) NO ALCOHOL will be paid and only itemized receipts will be reimbursed.		
	Mileage (as per UofC guidelines)		
	Miscellaneous		
	<b>TOTAL EXPENSES</b>		
	<b>TOTAL PAID BY UME</b>		

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Reviewed and Approved by: \_\_\_\_\_ DATE: \_\_\_\_\_