TRAVEL EXPENSE REPORT



For NON-WESTERN Individuals Only (WESTERN Employees must use the online Travel and Expense Center at finance.uwo.ca)

Western University **Department of Financial Services** Suite 6100, Support Services Building London, Ontario N6A 3K7 Travel@uwo.ca

Shaded areas are for Department of Financial Services use only

Invoice #	Vendor#			Date: YYYY MM DD Referen		rence Description	
E	9						
Claimant's Name, Last	First	First Init					
Faculty / Department / Street Address				Graduate Stud	ent: Yes	No	
	Research:	Yes	No				
Room Number / Building / City				Special Instruc	tions:		
Province / State	Postal / Zip	Phone Number					
Email Address		Curren	су	-	Ch	eque Hand	lling
ITINERARY (Mandatory)							
Purpose of Travel or Expense	(required):						
Location:							
Dates:							
Dutes.							
INSTRUCTIONS:							
Complete the top par	t of this page by	indicating your na	ame and d	epartment addr	ess (or home	address	s).
2. On Page 2, complete the expense categories A through D as applicable.							
 Complete Section E on Page 3 if you have any Cash Advances or if any expenses were paid directly by the University. Convert all foreign/US amounts to Canadian currency using the exchange rate at the time the expenses were incurred. 							
5. Allow 3-5 working day			_	_		•	
			1	otal Expenses ر	from page 2)	1	\$
				al Advances/Dir n page 3)	ect Expenses	2	\$
			Rot	turned to Wester	2		Due to Claimant
		① - ② =		iumeu to wester	11		Due to Claimant
		\$			\$		

\$1.00 is neither paid nor refunded

EXPENSE CATEGORIES

A. Transportati	on		(for car us	se show km x	Receipt Total	Deduct Personal	Currency Exchange	Claim Amount
Date From	Date To	rate)				Expenses included		
							Total of A	\$
Amount	Speed Code	Account #	Fund	Dept/Org	Program	Project/Grant	100010171	7
				-17				
		1						
B. Accommoda	tion	Description			Receipt Total	Deduct Personal	Currency Exchange	Claim Amount
Date From	Date To					Expenses included		
							Total of B	\$
Amount	Speed Code	Account #	Fund	Dept/Org	Program	Project/Grant	10101010	Y
				-1-7-0				
		1						
C. Meals & Busin	ess Hospitality	Description			Receipt Total	Deduct Personal	Currency Exchange	Claim Amount
Date From	Date To					Expenses included		
							Total of C	Ś
Amount	Speed Code	Account #	Fund	Dept/Org	Program	Project/Grant	Total of C	\$
Amount	Speed Code	Account #	Fund	Dept/Org	Program	Project/Grant	Total of C	\$
Amount	Speed Code	Account #	Fund	Dept/Org	Program	Project/Grant	Total of C	\$
Amount	Speed Code	Account #	Fund	Dept/Org	Program	Project/Grant	Total of C	\$
			Fund	Dept/Org		Project/Grant		\$
Amount D. Supplies/Subje		Account #	Fund	Dept/Org	Program Receipt Total	Deduct Personal	Total of C Currency Exchange	\$ Claim Amount
			Fund	Dept/Org				
D. Supplies/Subje	ect Fees/ Misc		Fund	Dept/Org		Deduct Personal		
D. Supplies/Subje	ect Fees/ Misc		Fund	Dept/Org		Deduct Personal		
D. Supplies/Subje	ect Fees/ Misc		Fund	Dept/Org		Deduct Personal		
D. Supplies/Subje	ect Fees/ Misc		Fund	Dept/Org		Deduct Personal		
D. Supplies/Subje	ect Fees/ Misc		Fund	Dept/Org		Deduct Personal		Claim Amount
D. Supplies/Subje	ect Fees/ Misc		Fund	Dept/Org Dept/Org		Deduct Personal	Currency Exchange	
D. Supplies/Subje	Date To	Description			Receipt Total	Deduct Personal Expenses included	Currency Exchange	Claim Amount
D. Supplies/Subje	Date To	Description			Receipt Total	Deduct Personal Expenses included	Currency Exchange	Claim Amount

Total Expenses: A + B + C + D
(Carry forward to page 1)

\$

1

GENERAL GUIDELINES

- 1. Please ensure that all claims for expenses are in accordance with University Policy
- 2. A copy of the Travel & Expenses Reimbursement Policy 2.16 can be found at www.uwo.ca/finance/travel and includes a link to the new Travel & Expenses Reimbursement Procedures. These documents provide the current Mileage Rates and Meal Guidelines
- 3. Invoices for supplies that exceed \$500 or equipment that exceeds \$2,000 should be paid through the Purchase Order System
- 4. Please attach all receipts and include an explanation for any of the following items:
 - Missing receipts (attestation form required)
 - Airfare that exceeds Economy Rate
 - Room rates in excess of the Basic Rate
 - Meal receipts that exceed the guidelines
- 5. Additional resources and forms can be found on the Financial Services website: www.uwo.ca/finance

E. Cash Advances / Prepaid Costs (see Section 13.0 of Travel & Expense Reimbursement

- 1. Section E should be completed if you have obtained a Cash Advance or if you have used a Purchase Order to pay for airline or train tickets (and the order was charged to the 645100 account). The expense should be included in the appropriate category on Page 2, and the amount of the account charges on the Purchase Order must be shown in this section.
- 2. Tickets obtained through Western's Preferred Travel Agencies should not be recorded in this section. However, the original documentation should be included with the Expense Report for audit purposes.

Date: YYYY MM DD	P.O. # / Advance #		Description				
Amount	Speed Code	Account #	Fund	Dept/Org	Program	Project/Grant	
Amount	Speed Code	Account #	Fund	Dept/Org	Program	Project/Grant	
Amount	Speed Code	Account #	Fund	Dept/Org	Program	Project/Grant	

Total of E	¢
(Carry forward to page 1)	~



STAPLE RECEIPTS HERE

EXPLANATION OF POLICY / PROCEDURE EXCEPTION(S)				
EXPERIATION OF FOLICTY PROCEDURE EXCEPTION(3)				
APPROVALS (Expense reports missing Approv	al Signatures will be returned)			
CLAIMANT: Learning that all expenses submitted are reasonable and in accordance with university	policy and will not be used as claims to other organizations for income tax purposes.			
Expenses reflect due regard for value for money, and personal expenses have been d				
Advances and prepaid expenses have been accounted for. Print Name:	Signature:			
Tille Name.	Signature.			
	Date YYYY MM DD:			
ACCOUNT HOLDER / PRINCIPAL INVESTIGATOR (Research Projects Only): I certify that these expenses are in accordance with the budget of research project and they adhere to the policies and procedures of the granting agencies).				
Print Name:	Signature:			
	Date YYYY MM DD:			
BUDGET UNIT HEAD/DESIGNATE: I certify that the expenses are for University purposes only, and are in accordance with University policy. Exceptions to the Policy, which are documented by the				
Claimant, are reasonable under the circumstances.				
Print Name:	Signature:			
	Date YYYY MM DD:			

