



Miscellaneous Expense Form

Name:

Employee # :	Payment Method (check one): <input type="checkbox"/> Direct Deposit: <input type="checkbox"/> Mail Cheque to:
Student #:	

Foreign Exchange Rates: A system-generated exchange rate will be provided based on the expense date. Alternatively, you may attach a copy of your credit card statement to reimburse exact amount charged.

EXPENSES (Please provide description for each expense)	Original Currency & Amount	\$ CDN
Total Amount		

Charge to Worktags or Speed Chart :

***Claims must be submitted within 6 months from the date of the receipts**

THE FINE PRINT
I hereby certify that the above listed expenses comply with **UBC Policy #83** (Travel Policy: www.policy.ubc.ca/policy83.htm) and are business-related expenses. **Attach photocopied or scanned copies of receipts for processing. Please keep all original receipts in case of auditing needs.**

Date	Claimant's Print Name	Claimant's Signature
Date	Print Name	Authorization Signature by Grant Holder or One Administrative Level Higher