## **Travel Expense Form**

Name:		Destination(s):		
Employee #:		Travel Dates (Leave & Return)	:	
Student #:				
Payment Method (check one):		Purpose of Travel (check one):	 !	
☐ Direct Deposit		☐ Conference Name:		
☐ Mail chequ	e to:	☐ Other (in detail):		
EXPENSES			Original Currency & Amount	\$ CDN
Airfare/Public Carrier/Airport-Fees :				
Cab Fare :				
Car Rental :				
Parking:				
	s per CRA rate: @ \$0.70/km for 2024. below addresses for Workday to calculate the distanc			
Origin Address:				
Destination Add	dress:			
One way Trip: Round Trip:				
	n in CAD\$: reakfast \$18, Lunch \$20, Dinner \$42, Daily Total \$80. ip: Breakfast \$24, Lunch \$26, Dinner \$50, Daily Total			
Other meals ex	pense:			
Accommodation :				
Conference Registration :				
Other Travel Expenses :				
Non-Travel Exp	enses:			
		Total Amount		
Charge to Wor	ktags or Speed Chart :			
_	nses should be claimed within 1 month after the end of	·		
*Attach photoco	ppied or scanned copies of receipts for processing. Ple	ase keep all original receipts in ca	se of auditing needs.	
Date	Traveler's Print Name	Traveler's Signature		
Date	Print Name	Authorization Signature by Grant Holder or One Administrative Level Higher.		