THE UNIVERSITY OF BRITISH COLUMBIA
Faculty of Education

## Travel Expense Form

| Name: |
| :--- |
| Employee \#: |
| Student \#: |
| Payment Method (check one): |
| $\square \quad$ Direct Deposit |
| $\square \quad$ Mail cheque to: |

Destination(s):

Travel Dates (Leave \& Return) :

Purpose of Travel (check one):
$\square \quad$ Conference Name:
$\square \quad$ Other (in detail):

| EXPENSES | Original Currency \& Amount | \$ CDN |
| :---: | :---: | :---: |
| Airfare/Public Carrier/Airport-Fees |  |  |
| Cab Fare : |  |  |
| Car Rental |  |  |
| Parking |  |  |
| Mileage Rate as per CRA rate: @ \$0.70/km for 2024. <br> Please provide below addresses for Workday to calculate the distance: <br> Origin Address: <br> Destination Address: <br> One way Trip: <br> Round Trip: |  |  |
| Meals Per Diem in CAD\$: <br> Canada Trip: Breakfast \$18, Lunch \$20, Dinner \$42, Daily Total \$80.00/day International Trip: Breakfast \$24, Lunch \$26, Dinner \$50, Daily Total \$100.00/day |  |  |
| Other meals expense : |  |  |
| Accommodation : |  |  |
| Conference Registration : |  |  |
| Other Travel Expenses : |  |  |
| Non-Travel Expenses: |  |  |
|  |  |  |

## Charge to Worktags or Speed Chart:

*All travel expenses should be claimed within 1 month after the end of the trip.
*Attach photocopied or scanned copies of receipts for processing. Please keep all original receipts in case of auditing needs.

|  |  |  |
| :---: | :---: | :---: |
| Date | Traveler's Print Name | Traveler's Signature |
|  |  |  |
| Date | Print Name | Authorization Signature by Grant Holder or One Administrative Level Higher. |

