

NON EMPLOYEE EXPENSE REPORT

NAME:	Email Address:	Phone Number:
ADDRESS:		
		Postal Code
*PURPOSE OF EXPENSE OR TRAVEL _____		
*RELEVANCE OF TRAVEL _____		
*DESTINATION _____		* DATE _____
*AFFILIATION TO PROJECT _____		
*Travel Related Claims - These fields must be filled in or your expense report cannot be processed (examples attached)		
TRAVEL/EXPENSE CLAIM SUMMARY		
TOTAL EXPENSES		
LESS TRAVEL ADVANCE		
NET BALANCE DUE		
PAYABLE IN: CANADIAN		OTHER: (specify)

CLAIMANT SIGNATURE – Page 3 – APPROVAL – done through Peoplesoft by Dept ID Owner or Project Owner

FUND	DEPT	ACCOUNT	INTERNAL	PROJECT	ACTIVITY	AMOUNT

I certify that the expenses were incurred for a University of Calgary work-related purpose or for a purpose permitted under the terms of a donor or sponsor agreement.

I also certify that all required receipts and documentation have been provided in compliance with the guidelines specified in the Travel and Expense or Honorarium Handbooks and/or Sponsor / Donor requirements.

Claimant Signature

Date

Approval signature required by Dept ID Budget Owner or Project Owner

Approver Signature

Date

Print Name _____