

CAMOSUN COLLEGE - CUPE STAFF DEVELOPMENT FUND TRAVEL REIMBURSEMENT FORM

Please fill in ALL the Blue & Yellow boxes that apply to your travel.

SD CLAIM #

CLAIMANT NAME DEPT COLLEAGUE ID #

SD EVENT

TRAVEL DATES TO TRAVEL LOCATION

ADDITIONAL COMMENTS

Please provide the names of travelling companions if their expenses are included on this Travel Claim Form

MILEAGE TO FERRY OR AIRPORT*	DATE	KM	TRAVEL TO AND FROM
TOTAL KM'S TO FERRY OR AIRPORT		0.00	

PLEASE NOTE:
ONLY MILEAGE WITHIN VICTORIA
THAT IS TO OR FROM
THE FERRY OR AIRPORT
WILL BE REIMBURSED

MILEAGE OUTSIDE VICTORIA*	DATE	KM	TRAVEL TO AND FROM
TOTAL KM'S OUTSIDE VICTORIA		0.00	

PER DIEM MEALS	DATE	Breakfast \$25.00	Lunch \$25.00	Dinner \$36.00	Total \$86.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
TOTAL PER DIEM MEALS					0.00

To claim BREAKFAST, you must leave home before 7:00 AM.

To claim LUNCH, business travel must commence before noon.

To claim DINNER, you must arrive home after 6:00 PM.

DAILY INCIDENTALS # of days X \$17.00 per day =

PARKING & MISC EXPENSE Please Specify

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	OBJECT CODE	AMOUNT CLAIMED	FINANCE ONLY
TOTAL MILEAGE TO AND FROM THE FERRY OR AIRPORT	6715	0.00	0.00
TOTAL MILEAGE OUTSIDE VICTORIA	6716	0.00	0.00
TOTAL PER DIEM MEALS	6712	0.00	0.00
TOTAL INCIDENTALS, PARKING & MISC EXPENSE	6710	0.00	0.00
ACCOMMODATION <i>Hotel, Motel, Homestay</i>	6711		
AIRFARE	6713		
FERRY <i>Car, Driver, Passengers</i>	6714		0.00
CDN GROUND TRANSPORT <i>CDN Car Rental, Taxi, etc</i>	6717		
GAS FOR CANADIAN CAR RENTAL	6717		
INTERNAT'NL GROUND TRANSPORT <i>US Car Rental, Taxi, etc</i>	6718		
REGISTRATION FEES <i>Conference, Seminar, Workshop</i>	6730		
CHARGE COST CENTRE <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/>	Object Code is shown above	0.00	
DEDUCT ADVANCE <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/>			
NET CLAIM		\$0.00	

Enter Advance as a Negative Number

If there is no Advance, Net Claims under \$100.00 should be taken to the cashiers for reimbursement.

I hereby certify that the expenses claimed on this form are associated with the approved CUPE Staff Development Funding.

Date

Signature of Claimant

Authorization Signature

Type Authorization Name

Staple ORIGINAL receipts to the back of Page 2.

Current College US Exchange Rate is shown on the Finance Department's Intranet site.

* Mileage Rate is .55¢ per KM