Travel Claim Check List

- Complete form - check off all applicable items and attachments as required

BEFORE submitting your claim: **both** invoice AND the proof of payment is required

- OANDA rate applied when CAD paid not submitted

### Student's Declaration

- My claim meets the University Allowable Travel Processes and Expense Procedure.
- My claim meets the Travel Processes and Expense Procedure, Schedule of Allowable Expenses

### Student Name

<table>
<thead>
<tr>
<th>Trip</th>
<th>Conference / Event</th>
<th>Start to End Dates</th>
<th>No. of presentations: 0</th>
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- Chair, organizer, other role:
  - Program, agenda attached
  - Presubmitted estimate attached (Request to use PDA funds form)
  - Actual expenses list attached
  - other info:

### Supervisor Name

- approval email of trip, expenses, funding attached

### Funding

- TEA/PDA funds confirmed
  - other speed codes confirmed
  - grant/other resources attached

### Registration

- invoice attached
  - paid by PhD card
  - receipt/payment attached or shown
  - statement with CAD$ conversion rate/charges attached
  - other charges, info:
    - not required; no claim

### Membership (required for conference)

- submitted with this claim, invoice and payment attached
  - claim separately

### Air Fare and Fees (deduct meals, internet, other charges to check separately)

- itinerary/ticket attached
  - paid by PhD card or TAP
  - paid personally, explain:
    - baggage fee(s) attached
    - statement with CAD$ conversion rate/charges attached
    - comparable direct flights and fares attached
    - other charges info:
      - not required; no claim

### Accommodations (submit meals, internet, other charges separately)

- reservation attached
  - invoice attached
  - paid by PhD card or TAP
  - receipt/payment attached/shown
  - statement with CAD$ conversion rate/charges attached
Accommodations continued

☐ other charges info: ________________________________________________________________
☐ shared with others, invoice and own payment attached
  total and my share ________________________________________________________________
☐ stay with family/friend
☐ other info: ________________________________________________________________
☐ not required; no claim

Ground Transportation (allowable tip from 0 - 18% max)

☐ public transportation, total:
  ________________________________________________________________
☐ receipts/payment attached/shown
  itemize trips ________________________________________________________________
☐ statement with CAD$ conversion rate/charges for all receipts attached
☐ To/From destinations recorded for each receipt
☐ shared with others, invoice and own payment attached
  total and my share ________________________________________________________________
☐ receipt lost *over $50 without original receipt must include a lost declaration form
  declaration attached
☐ rental car agreement and invoice attached
☐ payment receipt attached
☐ rental gas receipts attached
☐ statement with CAD$ conversion rate/charges attached
☐ shared with others, invoice and own payment attached
  total and my share ________________________________________________________________
☐ mileage (own vehicle)
☐ To/From destinations and mileage attached
☐ not required; no claim

Meals (allowable tip from 0 - 18% max)

☐ (preferred) claim per diems (either receipts or per diems, not both)
  which days & which meals (B/L/D)? __________________________________________________
☐ receipts with itemized food/beverage order (including room service) attached
  statement with CAD$ conversion rate/charges for all receipts attached
☐ not claiming any per diems
☐ hosted meal: food/beverage* order, receipt and guest list attached
☐ other info: ________________________________________________________________
☐ not required; no claim

Communication charges for university purposes

☐ mobile roaming charges invoice and proof of payment attached
☐ internet, Wifi charges and payment attached
☐ long distance charges and payment attached
☐ statement with CAD$ conversion rate/charges attached
☐ other, info: ________________________________________________________________

Date Claim Submitted to busphd@ualberta.ca:

PhD: Send Back / Complete