



Western University  
 Financial Services  
 Suite 6100, Support Services Bldg.  
 Phone: 519-661-2111 ext. 85499  
 travel@uwo.ca

## Travel Expense Report

For NON-WESTERN Individuals Only (WESTERN Employees must use the online Travel and Expense Center at finance.uwo.ca)

### General Guidelines

1. Please ensure that all claims for expenses are in accordance with University Policy
2. For current Mileage Rates and Meal Guidelines see; [Travel & Expenses Reimbursement Policy 2.16](#).
3. Invoices for supplies that exceed \$500 or equipment that exceeds \$2,000 should be paid through the Purchase Order System
4. Please attach all receipts and include an explanation for any of the following items:
  - Missing receipts (**Attestation Form required**),
  - Airfare that exceeds Economy Rate
  - Room rates in excess of the Basic Rate
  - Meal receipts that exceed the guidelines
5. Expenses applied to Research Projects require a separate claim for each trip.
6. Additional resources and forms can be found on the Financial Services website: [www.uwo.ca/finance](http://www.uwo.ca/finance).

Invoice # E	Vendor # 9	Date	Special Instructions for Cheque Delivery PLEASE RUSH PAYMENT
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Claimant's Name, Last	First	Initial	Financial Services Only - Reference Description	Cheque Handling
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### Mailing Address (Your cheque will be sent to the address you provide, home **OR** campus)

Street Address	City	OR	Faculty / Department C/O R ELSTON	
Province/State	Postal code/Zip		Country	Building CSB

E-mail Address		Phone Number			
<input checked="" type="radio"/> Cheque	<input type="radio"/> Draft	Currency	Research Grant	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Purpose of Travel or Expense:			Start Date	End Date	Location

Total Expenses (from page 2)

Total Advances (from page 3)

\$1.00 is neither paid nor refunded

Return to Western

or  
Due to Claimant

### Instructions:

1. Complete the top part of this page by indicating your name and department address (or home address).
2. On Page 2, complete the expense categories A through D as applicable.
3. Complete Section E on Page 3 if you have any Cash Advances or if any expenses were paid directly by the University.
4. Convert all foreign/US amounts to Canadian currency using the exchange rate at the time the expenses were incurred, unless reimbursement is in foreign currency.
5. Allow 3-5 working days for processing the claim.

### A. Transportation

Start Date	End Date	Description (for car use show km x rate)			Receipt Total	Deduct Personal Expenses	Currency Exchange	Claim Amount
Amount	Speed Code	Account	Fund	Department ID	Program	Project/Grant	Total of A	\$

### B. Accommodations

Start Date	End Date	Description			Receipt Total	Deduct Personal Expenses	Currency Exchange	Claim Amount
Amount	Speed Code	Account	Fund	Department ID	Program	Project/Grant	Total of B	\$

### C. Meals & Business Hospitality

Start Date	End Date	Description			Receipt Total	Deduct Personal Expenses	Currency Exchange	Claim Amount
Amount	Speed Code	Account	Fund	Department ID	Program	Project/Grant	Total of C	\$

### D. Supplies/Subject Fees/Misc.

Start Date	End Date	Description			Receipt Total	Deduct Personal Expenses	Currency Exchange	Claim Amount
Amount	Speed Code	Account	Fund	Department ID	Program	Project/Grant	Total of D	\$

<b>Total Expenses A + B + C + D</b>	①	\$
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**E. Cash Advances**

Advance Date	Advance #		Description			
Amount	Speed Code	Account #	Fund	Department ID/Org	Program	Project/Grant

<b>Total Expenses E</b>	② \$
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Explanation of Policy / Procedure Exceptions

**Approvals (Expense Reports missing Approval Signatures will be returned)**

**CLAIMANT:**  
I certify that all expenses submitted are reasonable and in accordance with university policy and will not be used as claims to other organizations for income tax purposes. Expenses reflect due regard for value for money, and personal expenses have been deducted. Exceptions to policy have been explained in writing and outstanding Cash Advances and prepaid expenses have been accounted for.

Print Name	Signature	Date
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**ACCOUNT HOLDER / PRINCIPAL INVESTIGATOR (Research Projects Only):**  
I certify that these expenses are in accordance with the budget of research project and they adhere to the policies and procedures of the granting agencies).

Print Name	Signature	Date
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**BUDGET UNIT HEAD/DESIGNATE:**  
I certify that the expenses are for University purposes only, and are in accordance with University policy. Exceptions to the Policy, which are documented by the Claimant, are reasonable under the circumstances.

Print Name	Signature	Date
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