



## Faculty of Medicine

DEPARTMENT OF BIOCHEMISTRY AND MOLECULAR BIOLOGY  
DEPARTMENT OF CELLULAR & PHYSIOLOGICAL SCIENCES

### Expenses for Travel Reimbursements/Visa Reconciling

#### A) Payee Details

Employee ID
Payee Name
Address
City
Province
Postal Code

For Lab personnel travels please complete this section and upload when reconciling your UBC credit card

Supervisor's Signature
Supervisor Name
Date Signed

#### B) Expense Details

Purpose of Travel: \_\_\_\_\_

Dates of Travel: \_\_\_\_\_

Location: \_\_\_\_\_

#### C) Attachments Required: (Please ensure all are attached)

<input type="checkbox"/>	Air ticket
<input type="checkbox"/>	Other Transportation
<input type="checkbox"/>	Accommodation
<input type="checkbox"/>	Meals
<input type="checkbox"/>	Conference Program
<input type="checkbox"/>	Confirmation of Invitation for Seminar/Lecture/Meeting
<input type="checkbox"/>	Other - PLEASE SPECIFY

#### E) Authorization

I hereby approve the expenditure(s) as reasonable and appropriate within the budget against the Worktag being charged, the expenses comply with UBC Policies and Faculty of Medicine Guidelines, and any services or goods expensed in this claim were received.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

#### D) Total Expense

Total Reimbursement (total claimed receipts/invoices, per Travel)
Worktags- Program / Project / Grant / Gift

Please forward completed form and all receipts to Shandalee Williams at [shandalee.williams@ubc.ca](mailto:shandalee.williams@ubc.ca)