



TRAVEL AND PROFESSIONAL DEVELOPMENT EXPENSE REIMBURSEMENT

EXP

**Financial Services
Accounts Payable**

Refer to instructions on the reverse. For more details, and for the current per diem and kilometre reimbursement amounts, see BCIT Policy 2005 and Procedure 2005-PR1. Show dollar amounts in CDN funds and provide documentation for the exchange rate used. Attach original receipts to support each expense item. When an amount is owed, attach a cheque or money order payable to BCIT.

| | | | |
|-------------------|-----------|--|---|
| Staff ID Number | Name | Date | |
| Department | Position | Local | |
| Destination | | Dates of Travel From _____ To _____ | |
| Purpose of Travel | Org. Code | Acct. Code (see below) | <input type="radio"/> P.D. Claim <input type="radio"/> Dept. Claim |

| TRAVEL ACCOUNT CODES | P.D. ACCOUNT CODES | Is course or seminar registration job related? |
|---|----------------------------------|---|
| 9305 Travel: Faculty & Staff Association | 9105 Staff Training External | <input type="radio"/> Yes <input type="radio"/> No |
| 9310 Travel: Administration | 9107 Staff Training Internal | |
| 9315 Travel: BCGEU Instructors, Support Staff & Other Employees | 9115 FSA Individual Pool Expense | |
| 9325 Travel: Non-employee | 9110 FSA Pooled Expense | |
| 9320 Travel: Student Field Trip | 9140 Trades Expense | |
| | | |

PERSONAL AUTO AND PARKING EXPENSE

If you are reporting more than two trips, use form FIN-152 (Mileage & Parking Expense Reimbursement). Parking receipts are required.

| DATE | DESTINATION | | KM / PARKING | PURPOSE | TOTAL \$ |
|------|-------------|----|--------------|---------|---------------|
| | FROM | TO | | | |
| | | | | | Total KMs |
| | | | | | Total Parking |

| Date | | | | | TRAVEL / P.D. EXPENSE TOTALS (CDN. FUNDS) |
|---|--|--|--|--|--|
| Transportation – Air | | | | | |
| Transportation – Other | | | | | |
| Accommodation | | | | | |
| Meals (per diem) | | | | | |
| Entertainment | | | | | |
| Telephone | | | | | |
| Registration | | | | | |
| P.D. Non-travel Purchase (maybe a taxable benefit) | | | | | |
| Other – Specify | | | | | |

Total of Travel / P.D. Expenses

\$

Use one form for each advance request: Advance No. _____

Less Advance

\$

Employee Signature _____

Net Claim or
 Amount Owing BCIT

\$

Approvals (see Policy #2005) _____ Date _____

