

LAKEHEAD UNIVERSITY TRAVEL EXPENSE STATEMENT

Travel Authorization Form Attached:

| | | |
|-------------------------------------|--|---|
| NAME: _____ | ID NUMBER: _____ | DESTINATION AND DETAILED PURPOSE OF TRIP: _____ _____ _____ _____ _____ CURRENCY & EXCHANGE RATE: _____ |
| DEPARTMENT: _____ | PHONE EXTENSION: _____ | |
| START AND END DATE OF TRAVEL: _____ | | |
| TYPE OF PAYMENT: _____ | ADDRESS TO MAIL CHEQUE (if applicable) _____ | |

| DATE <small>(yyyy-mm-dd)</small> | OUT OF TOWN MILEAGE <small>\$0.55/km</small> | AIRFARE <small>Attach Receipts</small> | GROUND TRANSPORTATION <small>Attach Receipts</small> | ACCOMMODATION <small>Attach Receipts or with friends/relatives \$50/day</small> | REGISTRATION FEE <small>Attach Receipts</small> | MEALS <small>Maximum \$90 per day . Breakfast: \$20; Lunch: \$20; Dinner: \$50.</small> | INCIDENTALS <small>Maximum \$17 per day.)</small> | FOREIGN CURRENCY TOTAL | CANADIAN EQUIVALENT TOTAL |
|---------------------------------------|---|---|--|--|--|--|--|------------------------------|---------------------------------|
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| SUBTOTAL RATE TOTAL EXPENSES | | | | | | | | | |
| | | | | | | | | | |

REPORT TOTAL _____ TOTAL EXPENSES TO BUDGET CODE _____

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|-------------------------------|----------------------|------|
| GST REBATE | 11-10-00000000-22411 | - |
| OHST REBATE | 11-10-00000000-22421 | - |
| LESS ADVANCE | | |
| TOTAL REIMBURSED TO TRAVELLER | | \$ - |

I hereby certify that the above is a correct statement of expenses that were incurred on University business.

Submitted by: _____ Print Name: _____ Approved By: _____ Print Name: _____