

## **Travel Allowance Claim Form**

Please refer to the policy on Moving/Travel Allowances.

## Please click here to access the Moving and Travel Policy

The University shall contribute toward the transportation expenses incurred by a new faculty/staff member, their spouse and dependent children in their relocation from their place of residence to the campus they will be working at. (Thunder Bay or Orillia)

Please complete the expense report below.

Appointee Name		
Spouse Name, if applicable		
Number of dependents		
Moving Travel Start and End Dates		
Item		Amount Claimed
Travel start location (Must be the same location as where the offer letter went to.)		
Distance to Campus (In kilometres fro	m start location)	
Mode of transportation (Please choose transporation)	e one mode of	
Total Transportation Cost (Total cost f	or all who traveled)	
Accommodation amount (Total amour	it including taxes)	
Meals request total (\$50.00 per diem per person)		
Total Amount Claimed		
Notes – Please p	provide any relevant notes regard	ing your travel

HUMAN RESOURCES USE ONLY			
Total Approved			
Notes:			

Once completed please send by email to Human Resources with scanned original receipts. **All expenses are subject to approval.** 

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