## Lakehead IINIVERSITY

## LAKEHEAD UNIVERSITY TRAVEL EXPENSE STATEMENT

Travel Authorization Form Attached:

	IVLKJ											
NAME: ID No.						DESTINATION AND DETAILED PURPOSE OF TRIP:						
DEPARTMENT:					EXT #							
PERIOD:					_							
ELECTRONIC PAYMENT					Mail Direct							
CHEQUE to be Picked up in Accounts												
Mailed to Department					(		CURRENCY & EXCHANGE RATE:					
DATE	OUT OF TOWN MILEAGE	AIRFARE GROUN			ACCOMMODATION REGIST		ATION FEE MEALS		INCIDENTALS		TOTAL	TOTAL
	\$0.55/km	Attach Receipts & Attach Rec Boarding Pass(es)		Receipts	Attach Receipts or with friends/relatives \$50/day Attac		Receipts	\$90 Max per Day B=20, L=20, D=50		AMOUNT (Max \$17 per DAY)	FOREIGN CURRENCY	CANADIAN EQUIVALENT
												-
												-
												-
												-
												-
												-
												-
												-
SUBTOTAL Rate	0 0.55											
TOTAL EXPENSES	\$ -	\$-		\$-	\$-	\$	-	\$-	\$-	\$ -	\$ -	\$ -
TOTAL EXPE	ENSES TO BU	UDGET CODE				\$	-					
				11.10	0000000 00111			-				
				-00000000-22411		-						
				-00000000-22421		-						
LESS ADVANCE												
TOTAL REIMBURSED TO EMPLOYEE I herby certify that the above is a correct statement of expenses that were in						\$	-					
1 nerby certify	that the above	is a correct stateme	ent of expense	s that were 1	ncurred on University b	usiness.						