

**SCHOOL OF ENVIRONMENTAL SCIENCES
VISITOR EXPENSE CLAIM FORM
(University of Guelph)**

Refund to _____ for _____
 _____ Tel: _____
 Mailing Address _____ Email: _____
 _____ SIN: _____
(If applicable)

Travel Date(s) _____ to _____ Purpose: _____

Transportation: Train ___ Plane ___ Bus ___ Rental Car ___ Private Car ___ (use KM for distance)

Additional Personnel on Trip _____

DETAILED EXPENSE REPORT ** Original Receipts, boarding passes, etc or Lost Receipt Form Required

Date <small>(dd/mm/yyyy)</small>	Details of Trip	Distance	Meals**	Train, Plane, Bus**	Accom **	Other Expenses **	Daily Totals	Charged Direct to University

Subtotals								
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Total km		@.48/km	
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COMPLETE AND RETURN WITH RECEIPTS to: Joanne Scarrow , 1107 Edmund C Bovey (Bldg 80) or Rebecca Griffith, 261 Alexander Hall (Bldg 31) University of Guelph, 50 Stone Rd E, Guelph, ON, N1G 2W1	Total for Trip		
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Department Use Only

Faculty: _____

Fund Source: _____

Authorized by _____