

Travel Reimbursement for PIMS Visitors Central Office Claim Form

Please provide the following information (please print clearly):

Payee (enter name of the person to be reimbursed)		
Address (include clearly city, province, postal code/zip code and country)		
Email Address:	Phone:	
Purpose of the trip (enter the title of the event and a detailed description of travel)		
First day of travel (mm/dd/yyyy):	Last day of travel (mm/dd/yyyy):	
Total number of days of travel (incl. first & last days)	I am a resident of Canada (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this your first reimbursement request to the PIMS Central Office at UBC? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Please write down dollar amount for the following categories (as agreed)</i>		
Airfare: <small>**PIMS will not refund any flights, or portions of a flight, that were made in business class.</small>	\$	<input type="checkbox"/> Booking Receipt/ Invoice enclosed <input type="checkbox"/> E-tickets: Boarding Passes enclosed <input type="checkbox"/> Traditional (paper) tickets: Original flight coupon (or cited copy)
Car rental	\$	<input type="checkbox"/> Original invoice/ receipt enclosed
Mileage (Cdn \$0.49/km)	\$	Distance Travelled: _____ <input type="checkbox"/> km <input type="checkbox"/> mi
Taxi / Bus / Train	\$	<input type="checkbox"/> Original receipt(s) enclosed
Meals	\$	<input type="checkbox"/> Receipts enclosed <input type="checkbox"/> Per diem
Accommodation	\$	<input type="checkbox"/> Original invoice/receipt enclosed
Other	\$	Details: _____
TOTAL	\$	<input type="checkbox"/> CAD <input type="checkbox"/> USD <input type="checkbox"/> Other: _____

I certify that the information contained on this form is accurate to the best of my knowledge, and that I will not claim reimbursement from any other source for these expenses.

Signature of Traveler: _____

Date: _____

Please Note:

- **UBC Financial Services requires that travel requisitions must be supported with the ORIGINAL invoice from the supplier of the goods or services. Faxes and photocopies are not acceptable. All items or services paid for must be itemized in the receipt.**
- **Claims must be submitted no later than 2 months after the last days of travel.**

THIS FORM MUST BE MAILED/ POSTED to:

Attn: Financial Officer;

PIMS Central Office, University of British Columbia
4176 – 2207 Main Mall ; Vancouver, BC,
Canada V6T 1Z4

Insufficient supporting documentation may result in reimbursement delay. No reimbursement will be processed until this form has been signed and all documents have been received via post. Cheques will be sent from UBC Financial Services 6-7 weeks after complete documentation has been received.

Revised May 2015