Department of Anesthesiology, Pharmacology & Therapeutics - Reimbursement and Payment Form

Q/TR _____

Name		Purpose of Trip/	
Vendor/Employee ID#:		Descerription of Purchases	
Mailing address		Invoice Date: Departure and Return	
(for non-employees)		Date(for travel):	

□ Reimbursement
□ Payment
Invoice #

Description		Amount
Total		0.00

Meals Per Diem
$60/day

Mileage $0.49/Km
**BOARDING PASSES MUST BE INCLUDED WITH ALL FLIGHT REIMBURSEMENTS

Please attach all original itemized receipts (credit card receipts/statements and missing receipt forms are not accepted)

**Speedchart/Account

_____

Signatures: I certify that these expenses have not and will not be claimed from any other source.

Traveler/Purchaser (if applicable)	Signature	Print Name	Date
Supervisor/PI/PG Manager	**Signature (Original Signature required)**	Print Name	Date
Department Authorization	Signature	Aileen To/aileen.to@ubc.ca Print Name	Date

Return to: Aileen To, Administrative Manager