



**TRAVEL REQUISITION**  
Payment & Procurement Services

Travel Claim

Travel Advance

Travel Advance Clearance

Payee (as it should read on the cheque)*			Invoice Date (mm/dd/yyyy)		Invoice Number		Employee/Student ID #*	
Address*			Payment Method (x)*		Currency (x)*		SIN or GST/HST # *	
			<input type="checkbox"/> Cheque		<input type="checkbox"/> USD		PREPAID EXPENSES	
			<input type="checkbox"/> Bank Draft		<input type="checkbox"/> CAD			
<input type="checkbox"/> Direct Deposit		<input type="checkbox"/> Wire		Amount of Cheque		Previous Requisition TR		
City	Province/State	Country	Postal Code	GST/HST Override Amount*				

**INFORMATION AND CHARGES**

Amount*	GST 5%	BC PST	TRV	Expense Type	Speed Chart*	Account*	Fund*	Dept ID (Org)*	Program	Project / Grant (PG)*	Alternate Vendor Number*
\$	- Total Expenses										
	Advance (deduct if this a clearance)					139400					
\$	- Net Amount to Be Paid By Traveller, or										
\$	- Net Amount To Traveller										

I hereby certify that the expenses in this Claim Form comply with UBC policy #83 (Travel Policy), policy #84 (Entertainment) and the sponsor or donor terms and conditions where applicable.

From (Dept):*	Handling Code*(Select)	I hereby certify that itemized travel expenses are listed above and I have included all receipts that I was able to obtain. Receipts not attached with this requisition were not available either because they were not obtainable at time of purchase or have been inadvertently lost or misplaced. I have not and will not claim reimbursement for these expenses from any other source.	Purpose of Trip:*
Psychology	<input type="checkbox"/> Canada Post MN		Destination:*
Direct Queries To*	<input type="checkbox"/> Campus Mail CN		Duration:*
Virginia Franklian	<input type="checkbox"/> Pick up PN		
Phone # and Email*	<input type="checkbox"/> Direct Deposit CN		
2-2910, finance@psych.ubc.ca	<input type="checkbox"/> Separate Cheque		Signature and Title of Traveler* _____ Date
Return To / Pick-up By	<input type="checkbox"/> Other: WIRE		

SIGNING AUTHORITY APPROVAL (if different than Direct Supervisor)				Direct Supervisor's Approval (Signature, Print Name & Title)* _____ Date	
Authorization Signature 1*	Authorization Signature 2*	Check this box if it is related to PGs under Tri-Council or NCE			
Print Name & Title*	Print Name & Title*	Special Notes (Required for all "S" or "R" funds):			
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Approved by	Checked by	Entered by	Voucher Number