

Employee Reimbursement Form
RESEARCH GRANTS

Date:	Name:
Department:	Grant Account /Name:

Description of expenses: Travel advance requested? Yes. No. Amount:\$				
Date mm/dd /yy	Location	Expense claimed (mileage , car rental , taxi /bus fare , hotel , per diems , other)	Foreign Currency	Total (CAD)
Justification for research expenses (required) <i>Ex. Travel costs to visit archives and meet with team members as planned in summer 2016...</i>			Total GST \$	
			Total Claimed	

I certify that the above expenses have been incurred in carrying out activities as an employee of St. Thomas University.

Claimant 's signature _____ Approval of Dept. chair/ Unit manager _____ Date approved _____

Mileage rate: .46 cents/km *Per diems: \$11 Breakfast | \$14 Lunch | \$25 Dinner | \$10 misc (\$60 CAD)*
\$11 Breakfast | \$14 Lunch | \$25 Dinner | \$10 misc (\$60 US)
\$20 Breakfast | \$30 Lunch | \$50 Dinner | \$10 misc (\$110 CAD)

[Click here for
Currency Converter](#)

Submit this form to the Research Office to be processed. To inquire about the status of your request please contact the Finance Office.