



Undergraduate Travel Expense Report

Student # _____

Name _____

Mailing address _____

Travel Reason & Dates _____

Supervisor Name _____

Supervisor Dept. _____

This form should be used to request reimbursement for Approved Undergraduate Student Travel. Complete one form per Payee and attach all relevant invoices or other supporting documentation.

***- indicates a required field**

| Required Information | | | | | | |
|-----------------------|--|-----------------|-----------------|-----|----------------------|---|
| *Date (dd/mm/yyyy) | *Item description (include invoice number or SIN if applicable) | *Pre-tax amount | *Tax Rate | Tax | Amount including tax | |
| 1 | | | Select Tax Rate | 0% | \$ | - |
| 2 | | | Select Tax Rate | 0% | \$ | - |
| 3 | | | Select Tax Rate | 0% | \$ | - |
| 4 | | | Select Tax Rate | 0% | \$ | - |
| 5 | | | Select Tax Rate | 0% | \$ | - |
| 6 | | | Select Tax Rate | 0% | \$ | - |
| 7 | | | Select Tax Rate | 0% | \$ | - |
| 8 | | | Select Tax Rate | 0% | \$ | - |
| 9 | | | Select Tax Rate | 0% | \$ | - |
| 10 | | | Select Tax Rate | 0% | \$ | - |

| | | | | |
|--------------|-----------------|----|----|---|
| 11 | Select Tax Rate | 0% | \$ | - |
| 12 | Select Tax Rate | 0% | \$ | - |
| Total | | | \$ | - |