



GRADUATE STUDENT TRAVEL EXPENSE REIMBURSEMENT

Graduate student travel funds are available to full time registered Master's students and full-time or part time registered Doctoral students who travel in connection with their graduate program.

Students are to speak with their Supervisor regarding potential conference travel reimbursement PRIOR to travelling. Students without other sources of conference presentation travel funding (minimum \$100.00) will not be eligible for the Faculty of Graduate Studies Travel Funds nor the Provost's Discretionary Fund.

Supporting documentation must include proof of acceptance of presentation of poster or paper, a copy of the cover of the pamphlet/brochure distributed at the conference and a copy of the page in the pamphlet/brochure showing the graduate student's name must be attached and saved as PDF.

Faculty of Graduate Studies Travel Funds – maximum \$300.00
Provost's Discretionary Fund – discretionary based on application

Payments are only made in Canadian dollars.

Alcohol is never reimbursed – alcohol should be cleanly cross off of receipts with totals recalculated.

Mileage is currently paid at \$0.50 per kilometer. It is expected that the student will utilize the mode transportation that is the lesser of mileage, vehicle rental, airfare, etc. See [Kilometer Chart](#).

The maximum daily reimbursement per day is applicable <https://brocku.sharepoint.com/Financial-Services/Pages/Reimbursements.aspx>

Maximum allowable meal rates include gratuities and taxes.

Actual detailed merchant receipts are required. Debit receipts will not be accepted.

Travel claims must be submitted to the Faculty of Graduate Studies no later than nine months from the date of the conference.

Please ensure these requirements are met – failure to do so will delay processing. Support from the Faculty of Graduate Studies Travel Fund and the Provost's Discretionary Fund are not guaranteed and will only be provided once per academic cycle (May 1 to April 30).

The preferred method to process travel claims for graduate students is via cheque requisition. A travel claim may be submitted using Workday if you are proficient with that system and all eligibility criteria has been met. For assistance with this process, you may access job aids for Expense Reports from the [Forms and Financial Transactions](#) webpage or contact the helpdesk at ext.4357 (HELP).

Students with total expenses under \$400 are to complete the Student Cheque Requisition and the FGS Travel Fund application. For a claim over \$400, complete the Provost Discretionary Fund application as well.

US currency must be converted to CDN – either with proof of payment via credit card statement or using OANDA using the first day away for conversion – save a PDF for submission <https://www.oanda.com/currency/converter/>

Reimbursement Policy when travelling outside of the conference date range or location that is not the closest destination to the conference site:

Traveller may combine University and personal travel subject to the appropriate approval from an approver. In the event the traveller schedules an indirect route (interrupting the business portion of the trip for personal travel or vice versa)

Last Updated: March 26, 2019

reimbursement will be limited to the direct and most cost effective route. In all cases only expenses related to the University business portion of the trip will be reimbursed. A cost comparison between the direct route and the desired route must be provided and approval obtained prior to booking travel arrangements. This applies to the date range as well with 1 day prior to and/or 1 day following the conference dates.

<https://brocku.sharepoint.com/Financial-Services/Pages/Reimbursements.aspx> [Policy FAQs](#) Section 45

Students must prepare 1 package for email submission (with 3 attachments) and send to the program administrative assistant (cc'ing Supervisor). See [sample ChqReq and Worksheet](#)

Email submission is to include:

1st attachment

- Student [Cheque Requisition](#) – xls (saved as chqreq_NAME_Date.xls)

2nd attachment

- Forms – PDF (FGS Application for Travel Funds (required) / Provost's Discretionary Fund (optional) signed off by appropriate approvers
- Conference acceptance/brochure and page within the Program showing the student's name
- Currency conversion- first day away for OANDA conversion or credit card statement
- *Ensure forms are printed/signed/scanned (saved as chqforms_NAME_Date.pdf)

3rd attachment

- Receipts – PDF (scanned copies must be legible, numbered to correspond with line # on Chq Req,)
- Original receipts need to be retained and available for review if any questions arise. These receipts need only be kept until the payment has been received by the student, after which time, they may be destroyed.
- Ensure forms are printed/signed/scanned (saved as chqsup_NAME_Date.pdf)

TO COMPLETE THE STUDENT CHEQUE REQUISITION – **COMPLETE ONLY THE NUMBERED FIELDS**

- 1/2** Students must complete the upper portion – Payee Name and Payee Address (full mailing address includes postal code).
- 3** Date required – please expect at least a 2-3 week turn around for processing through the various departments.
- 4** File names – complete filenames of all attachments.

Cheque Requisition

| | | |
|----------|---|-----------------|
| 1 | Payment type <small>(Please select from List)</small> | Student Payment |
| 2 | Payee name | |
| 3 | Payee address | |
| | Supplier contract | NA |
| | Date required | |
| | Requestor Name | |
| 4 | Requestor Dept. | Ext: _____ |
| | File Name(s) | |

DO NOT ADD LINES TO THE REPORT – if more lines are required please complete an additional requisition. Students must itemize each receipt – 1 per line.

Required Information

| *Date | (dd/mm/yyyy) | *Item description <small>(include invoice number or SIN if applicable)</small> | *Spend Category | *Cost Centre | *Fund | *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% | \$ - |

- 5** Date – expense date.
- 6** Description – Vendor, Explanation, \$ amount (if USD)
- 7** Spend Category* – accommodation, conference fee, airfare, meal, parking, mileage, vehicle rental, printing
- 8** Pre-tax amount* (**a**) and Tax Rate* (**b**)

| |
|--|
| Travel in Ontario a – enter pre-tax amount as shown on receipt b – HST |
| Travel outside of Ontario a – enter total with tax as shown on receipt b – leave blank |
| Travel in USA a – enter converted total with tax as shown on receipt b – leave blank |

* for categories and locations outside of those listed please contact the Department.



APPLICATION FOR TRAVEL FUNDS

Please complete this application and forward it to the Faculty of Graduate Studies with the appropriate signature from the Program with all documentation and completed Travel & Expense Report form. You must be a registered Brock University full-time Master's student or a registered full-time or part-time Doctoral student at the time of the conference. ***Guidelines/Instructions on the following page.***

Student Number: _____

Name of Student: _____

Program: _____

Brock E-mail: _____

Date of travel including returning date: _____

If you have received travel funds previously as a graduate student, please indicate date: _____

Purpose of Travel: _____

Summary of expected expenses: _____

- You must include a copy of the conference program, letter, or email listing your name and the title of your poster/presentation.
- You must include original receipts made out in your name. Only original receipts in the graduate student's name can be claimed with this claim.

Total cost of travel: \$ _____

Graduate Student's Signature: _____

Date: _____

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the administration of the University and its programs and services. Questions about this collection should be addressed to the Director, Graduate Studies, Brock University, St. Catharines, Ontario, L2S 3A1, 905-688-5550.

To be completed by the Graduate Program Director: *I confirm that the conference is of direct benefit to this student's graduate program.*

Travel expenses paid by the Program and/or Supervisor: \$ _____

Signature of Graduate Program Director: _____

Date: _____

Please see the following page for completion of your Application for Travel Funds and Expense Claim.



**Provost's Discretionary Fund
for Student Activities**

Personal Information:

ID Number _____ S.I.N. _____

Name: _____

Address: _____

Telephone: _____ e-mail _____

Your year of Program: _____ Faculty/degree/major _____

Description of project/timeline: (Please attach documentation)

Project Budget: _____ Amount covered personally: _____

Other funding:(source) _____ Amount: _____

Amount requested from Provost's Discretionary Fund: _____

Request must also be supported by your department

Departmental Contribution: _____

N.B. ORIGINAL RECEIPTS FOR AMOUNT REQUESTED MUST BE SUBMITTED WITH TRAVEL EXPENSE SHEET TO FACULTY ADMIN. ASSISTANT (GRAD STUDENT REQUESTS SUBMITTED THROUGH OFFICE OF GRAD STUDIES)

Recommendation of Professor: Your application must be recommended by one of your professors and approved by the Dean or Director of your program. Please have your professor PRINT this section.

Professor's Name: _____

Department: _____

Ext. _____ e-mail _____

Comments on student's request:

Professor's Signature: _____ Dated: _____

Recommendation of Dean/Director:

Signed recommendation by your Dean/Director is mandatory.

Dean's Signature: _____ Dated: _____

Comments: _____

Account Transfer: (Office use only)

Amount approved from Discretionary fund: \$ _____ Acct. # _____

Transferred to departmental account number: _____

Signature: _____ Provost & VP Academic (or designate)
