



University of Manitoba

GUEST/ STUDENT TRAVEL & BUSINESS CLAIM FORM

UofM Employees must use Concur

RN _____

A Claimant Information

Guest	Claimant Name: (first/last)	Claim Date: mm-dd-yy
Student	Home Mailing Address: <i>(claimants will be paid by cheque)</i>	
Other <i>(explain in Section B)</i>		
Employee/Student		
ID# _____	Phone:	Email:

B Travel and/or Business Expense Information

Departure Date:	Return Date:	Trip Destination:
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Purpose of claim: *How does this relate to University business? If claiming on a Research fund, how does this relate to the research project?*

Are these all the expenses
related to the trip? Yes No **If no, what's missing?**

C Research Funding Section *(required information for all expenses using research funds)*

Claimant Relationship to Grant:	Grantee	Student researcher	Research personnel	Visiting researcher	Other:
Type of Trip:	Conference	Collaborative Trip	Field Work	Other:	

D Authorization *(please determine the financial authorities based on the FOAPs used on page 2. These signatures should be obtained as the last part of completing this form.)*

I hereby certify that this is a correct statement of expenses which were incurred on University business and that all actual or anticipated payments or reimbursements from others have been incorporated (in compliance with UofM Travel and Business Expense procedures).

Claimant's Signature			Date:
Financial Authority 1	(please print)	Signature	
Financial Authority 2	(please print)	Signature	
Financial Authority 3	(please print)	Signature	
Financial Authority 4	(please print)	Signature	
Department Contact	Name:	Phone/Email:	

E Summary of Expenses

F Payment Summary – *To be completed by University Department*

Banking Information Attached

All claims requesting International (outside of North America) bank transfers must be accompanied with a fully completed [Bank Transfer Request Form](#)

Note: the total in Section E must match the total in Section F.

GUEST/ STUDENT TRAVEL & BUSINESS CLAIM FORM INSTRUCTIONS:

This form is to reimburse students and guests for eligible travel and business expenses incurred while on University of Manitoba business. UofM employees are reimbursed via the Concur system. A payment to a company, organization, or association cannot be made using this form; instead an invoice should be issued to the University. For payments to an individual for services rendered (honorariums for Canadian Citizens or Permanent Residents), please contact the Human Resources department (at 204-474-9552 or hris@umanitoba.ca), they cannot be processed on this form.

This form is a fillable PDF document. We recommend using the fields to type in your information before printing.

- **Claimants should fill out sections A, B, C, D, and E.**
- **The department contact should update section B, make any necessary edits or additions to sections C, D, and E, and will need to fill out section F.**

Section A: Claimant Information

All of the information in this section must be complete in order for the claim to be processed. Please take care to ensure the address is correct, as this is where the cheque will be mailed. The claimant's home address must be provided (do not use the host department's campus address or the claimant's work address).

Section B: Travel Information

For the 'purpose' field, please be specific (e.g. provide the name of the conference, "collaboration with Dr. Z to discuss ABC", etc). Please include any additional information in regards to the claim in this section. For example, is the claimant a former employee without access to Concur? Does the cheque need to be issued in a currency other than CAD? Does the cheque need to be held for pick up? Are these expenses honorariums for research participants? If this is on a Research fund, how do the expenses relate to the research? Was it approved by the Research Ethics Board? Every claim requires context.

Section C: Research Funding Section

If this expense is being applied to a research fund, the claimant's affiliation with the project and supporting details are required. Supporting details include, but are not limited to, dates, place of travel, name of conference/event, and/or purpose of meeting. Please attach your conference agenda or program to your claim.

Section D: Authorization

In addition to the claimant's signature, please clearly print the names of the financial authorities. The financial authority on the claim must also have financial authority on the FOP the claim will be expensed to. You may have several financial authorities that need to authorize a claim for the total amount to be paid out. If a financial authority does not sign off on an expense, it needs to be removed from Section F, and the amount requested adjusted in Section E before being sent to Travel Services for processing.

For claims against research funds, student claims need to be approved by the financial authority of the grant. In the financial authority's absence it should be approved by an alternate financial authority on the fund. A visiting researcher's claim needs to be approved by the one-over-one of the financial authority.

Section E: Summary of Expenses

Filling out your expenses:

Date: The date should be entered as the date on the receipt.

Expense Descriptions: Provide the expense details. (e.g. conference registration for professional development).

Amount Paid: Enter the amount paid based the currency in which it was paid based on the receipt detail. E.g. If you paid \$350 USD for your conference registration, you'll enter \$350.

Currency Paid In: Enter the currency of the payment. Using the above example, enter USD. No conversions have been made at this point. If the payment was in Canadian funds, please still indicate CAD in this column to ensure no conversion took place.

Amount Requested: Enter the amount that will be reimbursed for the expense, in the currency in which you want them to be paid. To continue with the above example for reimbursing in CAD funds, if \$350 USD was paid and the full amount is being reimbursed, the equivalent amount will be paid needs to be entered (e.g. \$457.71, with CAD in the next column). If USD funds are being paid out, then \$350 will be entered in this column as well. If only part of an expense is being reimbursed, take that into account in this column. E.g. if only \$200 CAD is being reimbursed for the \$350 USD registration, then \$200 will be entered here.

Req'd Currency: This is where the currency of the reimbursement amount is indicated. If the claimant is being paid in Canadian funds, then CAD will be entered here, with the Canadian amount in the previous column.

Section F: Payment Summary

Claimants will need to have their affiliated department fill out this section.

FOAPAL = Fund, Organization, Account, Program, Activity, and Location. The Fund, Organization, Account, and Program codes are mandatory, and the Activity and Location codes are optional. The total amount listed (in the currency the claim will be paid in) needs to equal the amount requested total in Section E. The last column for the general ledger amount will be the equivalent in Canadian funds, as it will show in FAST for what will be charged to each FOAP(AL).