



from cells to community: solutions for spinal cord injury
 Blusson Spinal Cord Centre
 818 West 10th Avenue, Vancouver BC Canada V5Z1M9
 Tel: 604.675.8800 Web: www.icord.org

Travel Reimbursement Request – Attach original receipts

1	Name of person to be repaid	
2	Student number or employee ID (UBC only)	
	Title of Conference or Course	Destination/Location
	Departure Date:	Return Date:

Expenses

3	Airfare (Include Boarding Passes)	\$ _____
4	Accommodations	\$ _____
5	Mileage	_____ km @\$0.49/km = \$ _____
	Taxi/ shuttle/ train / car rental	\$ _____
	Parking	\$ _____
6	Conference of course registration fee	\$ _____
7	Meals (if you are claiming the actual amount please attach receipts) Per Diem (receipts not necessary)	\$ _____ _____ (#full days) x \$60.00 __US/CDN__ = _____ Additional meals (for partial days) _____ x \$14.00 (breakfast) = _____ _____ x \$16.00 (lunch) = _____ _____ x \$30.00 (dinner) = _____
	Other (describe in detail and include original receipts)	\$ _____

Total Claim

\$ _____

8	For UBC Claimants: PG/Speedchart to be charged	For Non-UBC Claimants: Intended mailing address for cheque:
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