

SECTION ONE: Claimant Information

Name

Address

City/Province

Postal Code

For internal use only

Accounts to be Charged	AMOUNT	D/C	Advance #	F/P

Payment takes 4-6 weeks.

Date Prepared

MO	DY	YR

Vendor Code

It is the policy of AllerGen NCE Inc. to reimburse its Business Travellers for reasonable and necessary expenses incurred by them in the course of carrying out their AllerGen-related responsibilities. Business Travellers are responsible for ensuring that claims for reimbursement are accurate, and that they conform to AllerGen's Travel Policy and, where applicable, federal funding agency rules (*i.e.*, CIHR, Tri-Council Agency rules). Reimbursement requests submitted for approval will be reviewed against AllerGen's Travel Policy (FIN-03 - Travel Policy) by the AllerGen Financial Officer and approved by the Managing Director of AllerGen, or rejected if the expenses are not eligible or exceed eligible limits for reimbursement.

SECTION TWO: Declaration and Authorizations

Declaration by Claimant: I have read AllerGen's *Travel Policy* on reimbursement of expenses and confirm that I am in compliance with the policy. Expenses must be directly related to AllerGen-specific business.

Re: Institution reimbursement only

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Institution

Institution Contact

Email

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Signature of Claimant

Printed Name

Email

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AllerGen Signature of Approval

Printed Name

Title

AllerGen Approval

Date:

Section Three: Event/Trip Details

Dates:	From: _____	To: _____
Location(s):	_____	
Purpose:	_____	

EXPENSES DETAILS					Internal use only	
Expense Type	Receipt Requirements Please provide receipts for all expenses.	Foreign Amount	Exchange Rate	Cdn Amount \$	GST* Charged	HST* Charged
		Verification of exchange rate incurred is required.				
Airfare	Invoice and boarding passes					
Baggage Fees	Proof of payment/receipt					
Bus/Railway	Passenger Ticket Stub					
Car Mileage	kms x .54 /km Mileage validated e.g. Google Map					
Taxi	Taxi Receipt					
Parking/Highway Tolls	Parking Receipt					
Car Rental	Customer's copy of the rental charges and gas receipts					
Accommodation	Provide detailed statement					
Meals with receipt	Daily Maximum \$80.00 (Breakfast \$15, Lunch \$25, Dinner \$40)					
Meals without receipt	Without receipts, the following claims can be made per eligible meal (Details with dates must be attached to claim.) Breakfast \$10 Lunch \$12 Dinner \$18					
Conference registration fees	Registration form, plus original receipt/proof of payment. Registration fees for AllerGen conferences can not be claimed.					
Miscellaneous (please provide details)	AllerGen does not cover seat selection fees. Please refer to the AllerGen Travel Policy for a complete list of ineligible expenses.					

CAD \$	GST	HST
Total Expenses	50%	69.69%

Internal use only

Missing Receipts?		Please provide details.	
Reason:	_____		
Type of Expense:	_____		
Paid to:	_____		
Date of Expense:	Amount: _____		
Type of Expense:	_____		
Paid to:	_____		
Date of Expense:	Amount: _____		