

CNC TRAVEL FORM

NAME: _____ EMPLOYEE # _____ DEPARTMENT: _____

DESTINATION: _____ DATE DEPART: _____ DATE RETURN: _____

PURPOSE: _____

Will CNC be reimbursed for these expenses? YES NO

If YES by whom: _____ What %: _____

PLEASE ATTACH COPY OF REQUEST FOR REIMBURSEMENT/BILLING

EXPENSES:	ESTIMATED		ACTUAL		Accounts Payable Office Use Only
	Charge Direct	Reimbursement Required	Charge Direct	Reimbursement Required	
TRANSPORTATION (Specify):					
_____ \$ _____ \$ _____			\$ _____ \$ _____		_____
_____			_____		_____
_____ km @ \$0.63 _____			_____		_____
					<div>G</div>
					<div>GI</div>
ACCOMMODATION: (actual per receipt or private house \$38.41/night)					
_____ Nights @ \$ _____			_____		_____
_____ Nights @ \$ _____			_____		_____
					<div>G</div>
					<div>GI</div>
MEALS: (\$60.61 per diem, \$14.58 breakfast, \$16.87 lunch, \$29.16 dinner)					
_____ @ \$ _____			_____		_____
_____ @ \$ _____			_____		_____
_____ @ \$ _____			_____		_____
					<div>G</div>
					<div>GI</div>
OTHER: (actual per receipt)					
_____			_____		_____
_____			_____		_____
_____			_____		_____
TOTALS:	\$ _____	\$ _____	\$ _____	\$ _____	<div>G</div>
					<div>GI</div>
ADVANCE (If required):		\$ _____	Less Advance:	\$ _____	
BUDGET CODES:					Total Tax
_____ \$/ % _____					_____ G
					_____ GI
_____ \$/ % _____					Total
			BALANCE:	\$ _____	\$ _____

SIGNATURES:

Traveller: _____ Approval by supervisor: _____

Financial Services: _____