

Travel reimbursement form

REMINDER: you must provide the ORIGINAL receipts

Click IN the grey boxes bellow to fill out this form

First name:	Family name:			
If you claimed expenses in the past, your coordinates are note required, unless there are modifications to do.				
Address:			Ci	ity:
Postal code:	Prov. :		Co	ountry:
Telephone:	Email:			
Prefered currency for reimbursement (other than CAD):				
Title of the activity:				
Describe your participation:				
Dates of the activity:				
Departure date:		Time of departure (from home):		
Return date:		Return time (at home):		
DO NOT MAKE CURRENCY CONVERSION (put the amount on the receipts)				
Transportation				
Personal car (indicate the round trip km):				
Note: Provide gas receipt. Fixed rate of 126\$ for Québec/Montréal round trip.				
City of departure:				
Gas (for rented car): \$		Train: \$		
Car rental: \$		ALWAYS choose cheapest option (ECONOMY category)		
Parking: \$		Bus:	\$	
Plane ticket (invoice + boarding passes): \$		Taxi:	\$	
ALWAYS choose cheapest option (ECONOMY category)				
Public transportation: \$				
Describe:				
Accommodation				
Hotel: \$		Other:	\$	
Only the room rate is reimbursed. Do not include add	litional	Describe:		
billing (meals, film, etc.)				
Meals allowance – indicate the dates of the meals you paid during your stay (no receipts are needed)				
Breakfast:				
Lunch:				
Dinner:				
If some meals were included in the activity, please indicate which one and the date:				
No reimbursement for alcoholic beverages.				

If you have any questions, don't hesitate to contact: Louise Joannette 418-656-2131, poste 6687 Recherche@pol.ulaval.ca

Other expenses: