

Office of Research Services

EMPLOYEE TRAVEL EXPENSE CLAIM- COMPLIANCE REVIEW CHECKLIST

INSTRUCTIONS: Please, revise the claim and place a checkmark (\mathbf{V}) in the boxes for each item, if completed. Ensure all boxes are filled. If a field does not apply, please write "N/A" in the corresponding box. If there is an issue with compliance, enter "C" and provide a description below. As applicable, identify missing ("M") or incomplete information ("I").

TRAVEL EXPENSES ONLY				
Claimant name	Grant holder name		Grant number	
FIELDS IN FORM		EL	IGIBILITY OF EXPENSES	
Funding source top right corner		Are all receipts unde	er the claimant name? otherwise,	
Claimant's Name		signed letter from p	ayee needed	
Employee number; if Non-		Are transportation expenses eligible? Baggage fees are		
employee, use Non-Employee form		not eligible, unless required by research		
Purpose of trip		•	es do not correspond to the	
Conference dates (if not a conference, write "N/A")		overcharge due to b	enses acceptable? (i.e. is there an ooking dates?) Whenever possible, for the trip for the eligible dates.	
Purpose of the trip description		complete? Airfares i	transportation correct and nust include an invoice (not an	
Destination			al boarding passes; mileage should ge in odometer at start and end).	
Dates of travel			expenses eligible (room/dates)? igible for effective dates of event	
Dates of travel match dates of conference (if not a conference, write "N/A")		plus travel time. If beyond acceptable, must provide an explanation and adjust the claim for eligible dates.		
If dates do not match, how many		Are meal expenses of	eligible? If possible, verify in the	
days are eligible. Consider distance		program which meals were provided by the conference.		
traveled for the event.		Only claiming eligibl	e per diem items	
Description on how the trip is related to research		Meals are claimed o	nly as per-diem	
Summary of expenses, prepaid		Registration and abstract fees are eligible when the		
expenses, travel advance and		claimant is a presen	ter, or a co-author of the work.	
balance claimed		Claimed items include	de taxes and other fees	
Total amount is printed, correct and within award limit		Conference Program	n, with name of presenter ble	
Account number (60-XXXX-XXXX)		Badge for the Conference		
Are there receipts for all expenses listed (except for meals)?		Abstract acceptance	letter with name of the claimant	
Is an itemized explanation on per-		Letter of award included		
diem attached? Does it match trip?		Signature from claimant		
Are the receipts acceptable and in		Signature from gran	t holder	
order?			= Reject due to ineligibility.	
Are all expenses in CAD. Otherwise,		I=Information needed. C =Corrections needed (return to		
proof of exchange rate required		claimant). A =Approve for compliance.		