



## International Ocean-Colour Co-ordinating Group

### IOCCG TRAVEL EXPENSE CLAIM FORM

Itemize all expenses on the IOCCG Travel Expense Claim Form below and mail the signed, completed form plus all **original** receipts to:

Carrie Tapper, IOCCG Finance Officer  
All Figured Out Bookkeeping Services  
94 O'Connell Drive,  
Porters Lake,  
Nova Scotia B3E 1N7  
Canada

- Please **also** email the completed form (no receipts) to [info@allfiguredoutns.ca](mailto:info@allfiguredoutns.ca), with a copy to [venetia.stuart@dfo-mpo.gc.ca](mailto:venetia.stuart@dfo-mpo.gc.ca), to help keep track of all claims submitted by mail.

#### EXPENSE CLAIM FORM INSTRUCTIONS

- Please complete your travel claim within **one month** of your travel. Claims submitted after this time period will not be reimbursed.
- Attach all **original** receipts and number them sequentially (starting with #1).
- Note the currency in which the expenses were incurred. Exchange rates will be determined using XE.com's Travel Expense Calculator.
- Air Travel: attach original invoice (boarding passes NOT required).
- Hotel Expenses: IOCCG will reimburse for room charges only - no room service, mini bar charges etc. (these will come out of per diem allowances).
- Daily Per Diem: Government rates are used based on the destination country and the number of meals reimbursed. Please list the number of breakfasts, lunches and dinners to be covered by IOCCG (note: some hotels include breakfast, some meals may be covered during the meeting). No receipts required.
- Privately Owned Vehicles: IOCCG will reimburse for use of privately owned vehicles at a rate of \$0.36 US per km (\$0.58/mile).
- Miscellaneous expenses with no receipts (e.g., bank charges, buses, water, tips and other incidentals). List items and include amount requested.
- Reimbursement by \$USD/CAD\$ cheque (USA/Canada) OR by USD\$ bank draft/USD\$ wire transfer (all other countries).



**IOCCG TRAVEL EXPENSE CLAIM FORM**

Enclose all **ORIGINAL** receipts and return to:  
 Carrie Tapper, IOCCG Finance Officer  
 All Figured Out Bookkeeping Services  
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 Nova Scotia B3E 1N7  
 Canada

Name:			
Institute mailing address for cheque			Email:

Destination:			
Travel Dates:	Start date (DD/MM/YY)		End (DD/MM/YY)

Reason for Travel:			
Dates of Function:	Start date (DD/MM/YY)		End (DD/MM/YY)

Date	Receipt #	Particulars	Amount	Currency	OFFICE USE ONLY	
					Rate	USD \$ Total
Miscellaneous (specify):						

	Meal Type	Number of Meals	OFFICE USE ONLY			
			Meal allowance (local currency)	Exchange Rate (USD\$)	USD\$ meal rate per day	Total meal Allowance
Meal Per Diem (no receipts required)	Breakfast				@ \$	
	Lunch				@ \$	
	Dinner				@ \$	
<b>TOTAL REIMBURSEMENT</b>						

**CERTIFICATION OF CLAIMANT:**

I certify that these expenditures are correct, that the whole expenditure is a proper charge against IOCCG funds, and that the amounts claimed have not previously been, nor will be, claimed or reimbursed to me by IOCCG or any other organization.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**All reimbursements within North America will be via USD\$/CAD\$ cheque.**

For reimbursement outside of North America please choose whether you would like to receive a USD\$ bank draft (delivered to your own address), or a USD\$ wire transfer into your own bank account. Please provide the necessary information below for the option of your choice.

**\_\_\_ USD\$ Bank Draft (outside North America only)**

Name of bank: \_\_\_\_\_

Full address of bank: \_\_\_\_\_

\_\_\_\_\_

**\_\_\_ USD\$ Wire Transfer (outside North America only)**

Full name of account holder: \_\_\_\_\_

Address of account holder (as in the bank's records): \_\_\_\_\_

\_\_\_\_\_

Name of bank: \_\_\_\_\_

Full address of bank: \_\_\_\_\_

\_\_\_\_\_

Account number: \_\_\_\_\_

Bank's SWIFT or BIC code (if available): \_\_\_\_\_

IBAN Number (if available): \_\_\_\_\_