

## Research Travel Authorization Form

<b>Travel expense charged to:</b> Research Grant          Other Cost Centers		
<b>Name of Principal Investigator (PI) or Grantee</b>	<b>Cost Centre(s)</b>	<b>Estimated Amount</b>
		\$
		\$
<b>Name of Traveler (if other than PI or grantee):</b> <b>Traveler's Institution:</b> <b>Traveler's Affiliation to PI or Grantee:</b> <b>Dates of Travel: From:</b> _____ <b>To:</b> _____		
Purpose of Trip (check all that apply): Conference          Field Trip          Consultation          Other <i>Provide comments and/or materials that justify and support the travel relationship to the award. I.E. conference registration, documents or program and event dates, field trip or activity details and dates, consultation name(s), organization(s) and visit date(s).</i>		
_____ <i>Signature of Traveler (if other than PI/Grantee)</i>		_____ <i>Date (MM/DD/YYYY)</i>
I certify that all expenditures are for the purposes for which the grant was awarded and that charges will not be claimed from other organizations. Reimbursements for expenses claimed and received from other organizations will be disclosed and remitted to the University. I will be responsible for costs resulting up to the estimated amount claimed.		
_____ <i>Signature PI or Grantee</i>		_____ <i>Date (MM/DD/YYYY)</i>
I attest to the relevance of the travel to the cost centre(s) charged.		
_____ <i>Signature Chair (Dean if Chair is traveler)</i>		_____ <i>Date (MM/DD/YYYY)</i>
<b>Form must be submitted to Office of Research Services (ORS) with all required signatures.</b> I attest to the eligibility of the travel to the research or grant referenced and to the availability of funds for the estimated amount.		
_____ <i>Signature ORS</i>		_____ <i>Date (MM/DD/YYYY)</i>

Additional signatures for Travel Advances – if the actual activities differ from the proposed activities a revised Travel Authorization Form must be submitted to **Financial Services Research** when the account is reconciled.

**Expense Reimbursement Authorization Form**

**For iExpense Reimbursement or Post Travel Expense Claims:**

<b>Description of Expenses:</b>	<b>Total reimbursable amount in CDN\$ :</b>
	<b>Cost Center(s):</b>
<b>Signature PI or Grantee</b>	<b>Date: (MM/DD/YYYY)</b>
<b>Expense Authorized by Chair (Dean for Chair's expenses)</b>	<b>Date: (MM/DD/YYYY)</b>