

Advance Request

Date Cheque required (DD-MMM-YY)
17-Oct-07

Please allow 10 business days for processing.

- Expense Reports must be filed with Financial Services within **14 days** from return date, accompanied by original receipts.

Cheque Payable to: (Claimant's Name) John Smith	Banner ID (A#) (Required) A0555555	Department Anthropology	Phone 1234
Destination (City & Country) / Event Boston, USA / Conference - Harvard		Mailing Address & Postal Code (for external mailing only)	
Depart / Event (DD-MMM-YY) 2-Nov-07	Return / Event (DD-MMM-YY) 9-Nov-07	EMAIL john.smith@smu.ca	
Purpose To present research paper at conference.			

	Amount
Transportation	\$ 900.00
Accommodation	1,000.00
Meals	300.00
Registration	300.00
Others (Specify)	
Total	\$ 2,500.00

Portion to be paid by the University **\$ 2,500.00**

Third Party Recovery			
No	Yes	Amount	Funding Organization
X			

Comments

Accounting Information ***Account number **73550** - for Faculty Travel covered under the SMUFU Collective Agreement.
***Account number **78699** - for all other Travel.

Fund (6)	Org (4)	***Account (5)	Program (4)	Amount \$
260000	5040	78699	9999	\$ 2,500.00
Total				\$ 2,500.00

Claimant Certification		
Claimant (Print) John Smith	Claimant (Signature)	Date (DD-MMM-YY) 15-Sep-07
Authorization		
Dean / Department Head (Print)	Dean / Department Head (Signature)	Date (DD-MMM-YY)
Other (Print)	Other (Signature)	Date

Financial Services Only			
Financial Services (Approval)	Date	Reference # (mmddyy) A	
Processing Date August 2007	In Process	Complete	Document # Distribution: Financial Services - Original Department - Retain copies as required