



REIMBURSEMENT OF EXPENSES FOR FACULTY/STAFF

Name of Faculty/Staff: _____

Name of Payee (if different from above) _____

Address (for mailing of cheque): _____

Purpose of Trips/Expenses: _____

I hereby certify that the following expenses were incurred by me on the following date.

DATE	DESCRIPTION	AMOUNT
Total:		

Note: UBC Mileage rate is \$0.49/km.

ORIGINAL SIGNATURE ON THIS FORM AND ORIGINAL RECEIPTS ARE REQUIRED FOR REIMBURSEMENT.

 Signature of Payee

 Date signed

**Please return form and original receipts to Family Practice Residency Program Office,
 Suite 300, David Strangway Bldg., 5950 University Boulevard, Vancouver, BC V6T 1Z3**

FAMILY MEDICINE POSTGRADUATE PROGRAM TRAVEL REIMBURSEMENT POLICY

This policy is consistent with UBC travel expense policy #83, revised on March 18, 2008

Only expenses directly incurred by the faculty member will be reimbursed.

Travel:

Travelers should stay in hotels offering University (CAUBO) or government rates.

For those traveling by air, the lesser of car rental or taxi fare for round trip ground transport from point of arrival to UBC destination.

Meals:

Travelers may be reimbursed for the cost of meals either by receipts for actual costs or by claiming meal per dia.

Actual meal costs claimed should not be in excess of the per diem. Per diems can only be claimed for meals actually consumed.

There will be no reimbursement for meals if a meal has been provided by the Program (e.g. breakfast and lunch at Teacher's Toolbox)

Per dia for meals, inclusive of gratuity and taxes) are as follows:

Breakfast:	\$14.00
Lunch:	\$16.00
Dinner:	\$30.00

Claims should be submitted to the Program within three months of being incurred.

