

PROFESSIONAL ACTIVITIES FUND (PAF) CLAIM FORM

PAF REFERENCE CODE: _____	DATE: _____
ORGANIZATION/TEAM/CLUB NAME: _____	
NAME OF PROJECT/TRAVEL & CONFERENCE TITLE: _____	
DATES OF EVENT, CONFERENCE OR TRAVEL: _____	
TOTAL PAF AWARDED FUNDING: _____	

Please complete **ONE** of the following categories (A or B):

A. Personal Reimbursement - Expenses paid by students

LEGAL NAME
(GivenName LastName): _____

STUDENT #: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

REIMBURSEMENT METHOD: Mail cheque to address Direct deposit (Update banking info @ Workday)

B. Reimbursement for Third Party (Select ONE of Department or AMS)

UBC DEPARTMENT NAME: _____ **Speedchart/Worktag** _____

AMS ACCOUNT #: _____ <-- Provide invoice issued by AMS along with invoices to claim from PAF

<-- Connect with Departmental Finance Team for copy of the ledger and invoices for expenses that already claimed/paid by the departments

*** SUBMISSION MUST BE WITHIN 60 DAYS FROM THE DATE OF INVOICE OR DATE OF SHIPMENT.**

*** NUMBER EACH RECEIPT AND WRITE THE DETAILS ON THE CORRESPONDING LINE.**

*** SUBMIT FULLY COMPLETED AND FULLY APPROVED FORM ALONG WITH RECEIPTS & PROOF OF PAYMENT TO finance@apsc.ubc.ca.**

*** CONVERT EXCEL TO PDF FOR E-SIGNATURE OR OBTAIN EMAIL APPROVAL FOR EACH APPROVER. COPY & PASTE IMAGE OF SIGNATURE IS UNACCEPTABLE.**

*** DESTROY ORIGINAL RECEIPTS AFTER REIMBURSEMENT FUND RECEIVED.**

NO	VENDOR	RECEIPT AMOUNT	EXCHANGE RATE	AMOUNT IN CANADIAN	PURPOSE
1			1.0000	\$ -	
2			1.0000	\$ -	
3			1.0000	\$ -	
4			1.0000	\$ -	
5			1.0000	\$ -	
6			1.0000	\$ -	
7			1.0000	\$ -	
8			1.0000	\$ -	
9			1.0000	\$ -	
10			1.0000	\$ -	
TOTAL:				\$ - CAD	

By signing and/or Email Approved this claim form, I assert that:

- (1) this is the first and only time that these expenses have been / will be claimed;
- (2) these expenses have been incurred in accordance with all applicable UBC and granting agency policies; and
- (3) I understand that the Finance Clerk may make adjustments to the amounts claimed in order to meet UBC or granting agency policies.

CLAIMANT'S SIGNATURE: <u> X </u> _____	DATE: _____
Print Name: _____	
PRIMARY APPLICANT / DELEGATED APPROVER'S SIGNATURE: <u> X </u> _____	DATE: _____
Print Name: _____	