## **ENGINEERING DESIGN TEAMS (INSERT TEAM NAME)**

## **EXPENSE CLAIM FORM**

NAME (GivenName LastNa	ame):			DATE:	
STUDENT#:				•	
MAILING ADDRES	S:			•	
EMAIL ADDRESS:				PHONE NUMBER:	
COMMENTS: (special request)				WORKTAG:	
* NUMBER EACH I  * SUBMIT FULLY C  * CONVERT EXCEL	MUST BE WITHIN 60 DAYS FROM TI RECEIPT AND WRITE THE DETAILS O COMPLETED AND FULLY APPROVED TO PDF FOR E-SIGNATURE OR OB NAL RECEIPTS AFTER REIMBURSEM	ON THE CORRE  OFORM ALONG  TAIN EMAIL AP	SPONDING LINE.  WITH RECEPTS & PROVAL FOR EACH	PROOF OF PAYMENT TO fine	ance@apsc.ubc.ca. IMAGE OF SIGNATURE IS UNACCEPTABLE.
NO	VENDOR/SUPPLIER	RECEIPT AMOUNT	CURRENCY & EXCHANGE RATE	AMOUNT IN CANADIAN	ITEM DESCRIPTION & 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: \$ -			Proof of exchange rate required for foreign purchases		ng information in Workday before submitting claims) ca/finances/setting-up-your-direct-deposit/
By signing/approvir	ng this claim form, I assert that:				
(1) This is the first and (2) These expenses ha	d only time that these expenses have been ave been incurred in accordance with all a the Finance Clerk may make adjustments	pplicable UBC and			
TEAM'S DESIGNATED APPROVER (Print Name & Signature):			Х		DATE:
		Print Name		Signature	
		e): Print Name	X	Signature	DATE:
FACULTY SUPERVISOR (Print Name & Signature):			x		DATE:

Signature

**Print Name**