THE UNIVERSITY OF BRITISH COLUMBIA
Faculty of Applied Science

STUDENT GROUP
EXPENSE CLAIM FORM

LEGAL NAME (GivenName LastName): _____ **DATE:** _____

STUDENT#: _____ **NAME OF STUDENT GROUP:** _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ **PHONE NUMBER:** _____

WORKTAG (UBC FINANCIAL ACCOUNT): _____

* Subsmission 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 recepts & 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 orignal receipts after reimbursement fund received.

Provide list of attendees and list of recipients for applicable travel and event costs (e.g.travelers, gift/merchandise receipients, attendees for meeting/event,etc.)
Provide rationale if the billing name on the invoice is differnt than the claimant (e.g. using parents' amazon account for team purchaes, etc.)

NO.	PURCHASED DATE	VENDOR/SUPPLIER	RECEIPT AMOUNT	CURRENCY & EXCHANGE RATE	AMOUNT IN CANADIAN	PROJECT/COMPETITION/EVENT NAME	MISSING RECEIPT?	PURPOSE & NOTE
Example	6/15/2025	Alma Mater Society	$ 300.00	1.0000	$ 300.00	Industry Night	☐ Yes	Catering services for the Industry Night
1			$ -	1.0000	$ -		☐ Yes	
2			$ -	1.0000	$ -		☐ Yes	
3			$ -	1.0000	$ -		☐ Yes	
4			$ -	1.0000	$ -		☐ Yes	
5			$ -	1.0000	$ -		☐ Yes	
6			$ -	1.0000	$ -		☐ Yes	
7			$ -	1.0000	$ -		☐ Yes	
8			$ -	1.0000	$ -		☐ Yes	
9			$ -	1.0000	$ -		☐ Yes	
10			$ -	1.0000	$ -		☐ Yes	
		TOTAL:	**$ -**					

Proof of exchange rate required for foreign purchases

Reimbursement Method:

☐ Mail cheque to address
☐ Direct deposit (Update banking information in Workday before submitting claims)
https://workday.students.ubc.ca/finances/setting-up-your-direct-deposit/

By signing/approving 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;
(3) I understand that the Finance Clerk may make adjustments to the amounts claimed in order to meet UBC or granting agency policies; and
(4) By checking the missing receipt box, I certify that the receipt is unattainable, and it will not be claimed from any other source.

CLAIMANT (Print Name & Signature): X _____ **DATE:** _____
Print Name **Signature**

SUPERVISOR (Print Name & Signature): X _____ **DATE:** _____
Print Name **Signature**

****Claim forms can be signed physically, digitally with appropriate software (e.g., PDF), or approved via email by the claimant and approvers.**

****Typed names and image copies are not accepted**

Faculty of Applied Science
Finance Dean's Office
5000 - 2332 Main Mall
Vancouver, BC V6T 1Z4
finance@apsc.ubc.ca