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 - Expenses paid by Third Party (Select ONE of Department or AMS)

○ **UBC DEPARTMENT NAME:** _____ **Worktag:** _____ <-- Connect with Departmental Finance Team for copy of the ledger and invoices for expenses that already claimed/paid by the departments

○ **AMS ACCOUNT #:** _____ <-- Provide an AMS invoice along with original supplier invoices and detailed trial balance report from AMS Finance team to claim from PAF

*** 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	RECEIPT AMOUNT	EXCHANGE RATE	AMOUNT IN CANADIAN	MISSING RECEIPT?	PURPOSE
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:	**$ -**	**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;
(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'S SIGNATURE: X _____ **DATE:** _____

Print Name: _____

PRIMARY APPLICANT / DELEGATED APPROVER'S SIGNATURE: X _____ **DATE:** _____

Print Name: _____

****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**