



The University of British Columbia  
 Faculty of Education  
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Instructor Name: \_\_\_\_\_ EmployeeID: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Social Insurance No.: \_\_\_\_\_  
 \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 \_\_\_\_\_ E-mail: \_\_\_\_\_

## MILEAGE AND AUTHORIZED EXPENSE CLAIM

*ORIGINAL RECEIPTS REQUIRED FOR AUTHORIZED MISC. EXPENSES. MILEAGE DETAILS (TO/FROM/DATE) REQUIRED*

|                |                  |
|----------------|------------------|
| <b>COURSE:</b> | <b>LOCATION:</b> |
|                |                  |

|  | Date        | TO                        | FROM | Distance (km) | Amount @ .41 cents/km |  |
|--|-------------|---------------------------|------|---------------|-----------------------|--|
| <b>Mileage</b>                                     |             |                           |      |               |                       |  |
|  |             |                           |      |               |                       |  |
|  |             |                           |      |               |                       |  |
|  |             |                           |      |               |                       |  |
|  |             |                           |      |               |                       |  |
|  |             |                           |      |               |                       |  |
|  |             |                           |      |               |                       |  |
|  |             |                           |      |               |                       |  |
|  |             |                           |      |               |                       |  |
|  |             |                           |      |               |                       |  |
|  |             |                           |      |               |                       |  |
| <b>List of authorized miscellaneous expense(s)</b> | <b>Date</b> | <b>Reason for Expense</b> |      |               | <b>Amount</b>         |  |
|  |             |                           |      |               |                       |  |
|  |             |                           |      |               |                       |  |
|  |             |                           |      |               |                       |  |
|  |             |                           |      |               |                       |  |
|  |             |                           |      |               |                       |  |
|  |             |                           |      |               | TOTAL                 |  |

*Additional expenses can be listed on a separate sheet as required.*

\* I hereby certify that the expenses in this travel expenses report comply with UBC policy #83 (Travel Policy) and are business related.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_