



UBC, Faculty of Education
 External Programs and Learning Technologies (EPLT)
 1304 - 2125 Main Mall, Vancouver, BC V6T 1Z4
 Phone: (604) 822-2013
 Toll-free: 1-888-492-1122
 Fax: (604) 822-2015

Name: _____
 Home Address: _____

UBC Student No.: _____
 Home Phone: _____
 Work Phone: _____
 E-mail: _____

MET - TRAVEL EXPENSE CLAIM

ORIGINAL RECEIPTS REQUIRED – INCLUDING ALL ORIGINAL BOARDING PASSES FROM EACH LEG OF YOUR FLIGHT.

PURPOSE OF TRAVEL:

MET GRADUATION TRAVEL GRANT, or MET CONFERENCE TRAVEL GRANT

EXPENSE	FROM (Date of Travel)	TO (Date of Travel)	FROM (City, Prov. Country)	TO (City, Prov. Country)	CURRENCY	TOTAL
Airfare	____/____/____ (MM) (DD) (YR)	____/____/____ (MM) (DD) (YR)			<input type="checkbox"/> CAN <input type="checkbox"/> US <input type="checkbox"/> EURO	

If you are submitting expenses for Conference Travel, please list additional expenses below (use two forms if not enough space):

EXPENSE (ie. accommodation, meals, taxi)	DATE	REASON	CURRENCY	TOTAL
			<input type="checkbox"/> CAN <input type="checkbox"/> US <input type="checkbox"/> EURO	
			<input type="checkbox"/> CAN <input type="checkbox"/> US <input type="checkbox"/> EURO	
			<input type="checkbox"/> CAN <input type="checkbox"/> US <input type="checkbox"/> EURO	
			<input type="checkbox"/> CAN <input type="checkbox"/> US <input type="checkbox"/> EURO	
			<input type="checkbox"/> CAN <input type="checkbox"/> US <input type="checkbox"/> EURO	
			<input type="checkbox"/> CAN <input type="checkbox"/> US <input type="checkbox"/> EURO	
			<input type="checkbox"/> CAN <input type="checkbox"/> US <input type="checkbox"/> EURO	

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

TOTAL: _____

SIGNATURE: _____

DATE: _____