Miscellaneous Expense Form

|  |  |
| --- | --- |
| **NAME:**  | **EMPLOYEE / STUDENT NO.:**  |

|  |  |  |
| --- | --- | --- |
| Date | Itemized Expense | Amount |
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|  |  |  |
| TOTAL: | $ |

CHARGE TO GRANT #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that the expenses above comply with UBC policy and granting agency requirements.

|  |  |
| --- | --- |
| Claimant’s Signature:(required by UBC policy) | Date: |

|  |  |
| --- | --- |
| Authorizing Signature:(Principal Investigator) | Date: |