

Miscellaneous Expense Form

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

|  |  |  |
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| 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: |