



**UBC Department of Dermatology and Skin Science
Payment Authorization & Expense Voucher**

Please complete non-highlighted areas & submit to: Cindy Svatek, Skin Care Centre, 3rd Floor - 835 West 10th Ave, Vancouver BC, V5Z 4E8

Q/TR

Payee: _____
(as it should appear on the cheque)

Email: _____

Mailing Address: _____

Travel & Conference Claims Only

Purpose of Trip: _____

Destination: _____

Dates: _____ to _____
(mm/dd/yy) (mm/dd/yy)

Itemized Receipts	Description (List receipt name)	Expense Type	Amount	Currency	Speedchart	Account
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
TOTAL						

AUTHORIZATION - I hereby approve the expenditure(s) as reasonable & appropriate within the budget against the PG(s) being charged & the expenses comply with UBC Policies & FoM guidelines.

Supervisor Name: _____

Signature _____

Date _____

PG Manager: Karen Ng, Administrator

Signature _____

Date _____

NOTE: This form **MUST** be accompanied by all **ORIGINAL RECEIPTS** including **ORIGINAL AIRLINE BOARDING PASSES** & group similar expenses together but do not mix different currencies

By signing, I declare the following:

- 1) These expenses are directly related to the UBC Department of Dermatology and Skin Science.
- 2) These expenses have not been previously claimed & will not be reimbursed by any other party or organization.
- 3) These expenses were incurred by the claimant.
- 4) These expenses comply with UBC policy #83 (Travel), #84 (Entertainment) & the sponsor or donor terms and conditions where applicable. [<http://universitycounsel.ubc.ca/policies/travel-and-entertainment/>]

Signature of Claimant	Date

FOR OFFICE USE ONLY

Department Initiator:	Date:

Vendor/Employee/Student ID:	Address No:	Additional Notes: