# APPENDIX 5 - MSVUFA Policy on Allowable Travel Expenses

**MOUNT SAINT VINCENT UNIVERSITY FACULTY ASSOCIATION POST-TRAVEL EXPENSE CLAIM**
*(Revised August, 2025)*

Name ________________________________________________
Purpose of travel ________________________________________________
Place of conference/meeting ________________________________________________
Conference/meeting organizers ________________________________________________
Date of conference/meeting ________________________________________________

| EXPENSES | S____ | M____ | T____ | W____ | T____ | F____ | S____ | TOTAL |
|---|---|---|---|---|---|---|---|---|
| Air, bus, train | | | | | | | | |
| Taxis | | | | | | | | |
| Parking | | | | | | | | |
| Hotel | | | | | | | | |
| Breakfast - $28.40/day | | | | | | | | |
| Lunch - $27.40/day | | | | | | | | |
| Dinner - $57.70/day | | | | | | | | |
| Incidentals - $17.30/day | | | | | | | | |
| Auto expense - $0.635 | | | | | | | | |
| Registration fees | | | | | | | | |
| Other (please specify) | | | | | | | | |

| | |
|---|---|
| GRAND TOTAL | |
| LESS ADVANCE | |
| AMOUNT DUE | |

| | | | |
|---|---|---|---|
| CHEQUE ISSUED | Date: | Cheque #: | Amount: |

| |
|---|
| Payment authorized by: |

**See notes attached**