



International Ocean Colour Coordinating Group

IOCCG TRAVEL EXPENSE CLAIM FORM

Itemize all expenses using the IOCCG Travel Expense Claim Form below and email the signed form, plus clear scanned copies of all receipts, to Raisha Lovindeer (raisha@ioccg.org).

EXPENSE CLAIM FORM INSTRUCTIONS

- Please complete your travel claim within **one month** after the completion of your travel. Claims submitted after this time period may not be reimbursed.
- Number all receipts sequentially (starting with #1) and attach a clear, flat, scan or photo of each receipt.
- Note the currency in which the expenses were incurred. (IOCCG exchanges to USD, the working currency of the IOCCG, via oanda.com's Currency Converter, oanda.com/currency-converter/, for the date of your payment, where applicable).
- **Air Travel:** attach a copy of the original invoice if you paid for the ticket yourself (boarding passes not required). The invoice is not required if paid by IOCCG. Depending on your funding source, booking through a US-based airline might be required, where available. Please check with the IOCCG Project Office or see your funding letter/email before booking your ticket.
- **Hotel Expenses:** IOCCG will reimburse for room charges only - no room service, mini bar charges etc., as you may use your meal allowances for these expenses.
- **Daily per diem for meals** are based on U.S. Government rates for the destination country (incidentals may be claimed under "Miscellaneous"). List the number of breakfasts, lunches and dinners to be covered by IOCCG (note: some hotels include breakfast, some meals may be covered during the meeting). No meal receipts are required.
- **Privately Owned Vehicles:** IOCCG will reimburse for use of privately owned vehicles at a rate of \$0.41 U.S. per km (\$0.66/mile).
- Reimbursement will be done via electronic deposit or via USD cheque in the mail.



IOCCG TRAVEL EXPENSE CLAIM FORM

Send scanned copies of all receipts, plus the signed form to: Raisha Lovindeer (raisha@ioccg.org).

Name:		Email:	
Institution:			

Destination:			
Travel Dates:	Start (DD/MM/YY)		End (DD/MM/YY)

Reason for Travel:			
Dates of Function:	Start (DD/MM/YY)		End (DD/MM/YY)

Date DD-Month	Receipt #	Description	Amount	Currency	OFFICE USE ONLY	
					Rate	USD \$ Total
Miscellaneous (specify)						
Miscellaneous (specify)						

	Meal Type	Number of Meals	OFFICE USE ONLY			
			Meal allowance (local currency)	Exchange Rate (USD\$)	USD\$ meal rate per day	Total meal Allowance
Meal Per Diem (no receipts required)	Breakfast				@ \$	
	Lunch				@ \$	
	Dinner				@ \$	
TOTAL REIMBURSEMENT						

CERTIFICATION OF CLAIMANT:

I certify that these expenditures are correct, that the whole expenditure is a proper charge against IOCCG funds, and that the amounts claimed have not previously been, nor will be, claimed or reimbursed to me by IOCCG or any other organization.

Date: _____ Signature: _____

Reimbursements via electronic transfer or cheque

For reimbursement, please provide the necessary information for the appropriate payment option, below, into your own bank account.

Wire Transfer (all except Canada)

Full name of account holder: _____

Address of account holder (on bank records): _____

Name of bank: _____

Full address of bank: _____

Account number: _____

Bank's SWIFT or BIC code (if available): _____

IBAN Number (if available): _____

Currency _____

CAD INTERACT e-Transfer (Canada only)

Full name of account holder: _____

Financial Institution No. (3-digit) _____

Branch Transit No. (5-digit) _____

Account number: _____

USD Cheque payment (not eligible for mobile deposit in the USA as drawn from a Canadian bank)

Full name of account holder: _____

Mailing address _____
