

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** 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 each receipt.
- Note the currency in which the expenses were incurred. Exchange rates into USD (the working currency of the IOCCG) will be determined using oanda.com's Currency Converter (oanda.com/currency-converter/) for the date of your payment.
- 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 are 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 in CAD via INTERAC e-transfer (Canada only) or USD via PayPal (USA) or USD wire transfers.



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

Name							mail:						
Name:						-	ınan:						
Institution:													
Destination:													
Travel Dates:			Start (DD/MM/YY)				End (DD/MM/YY)						
Havet Dates.			Jan. (1997) 1111/111/11			210 (22) 1111/							
Reason for Tr	ravel:												
Dates of Function:			Start (DD/MM/YY)			End (DD/MM/YY)							
Date Receipt		ipt	Description			Amount		Currency		OFFICE USE ONLY			
DD-Month										Rate	USD \$ Total		
Miscellaneous (specify													
Miscellaneous (specify			+										
	, (op o	,,				l							
		Me	eal Type	Number of	OFFICE USE ONLY								
		1-10	at Type	Meals	Meal allowance	Exchang Rate (USD		ge USD\$		neal rate	Total meal		
					(local currency)					r day	Allowance		
Meal Per Diem		Breakfast						@\$					
(no receipts	Lı		nch					@\$					
required)		Dinner							@\$				
						TOTAL REIMB				JRSEMENT			
I certi charge	ify tha e agai	it th nst	IOCCG fun	ditures are co	errect, that the withe amounts claime by IOCCG or a	imed h	ave	no	t previo	usly been	,		

Date: ______Signature: _____

Reimbursements via electronic transfer

Please select the reimbursement method appropriate to your residence, and provide below the necessary information for a USD transfer (CAD for Canada residents only) into your own bank account.

1.	CAD INTERACT e-Transfer (Canada only)
	Full name of account holder:
	Financial Institution No. (3-digit)Branch Transit No. (5-digit)
	Account number:
2.	USD\$ PayPal Payment (USA only)
	Full name of account holder:
	PayPal email address
	PayPal username
3.	USD\$ Wire Transfer
	Full name of account holder:
	Address of account holder (as in the bank's records):
	Name of bank:
	Bank Address:
	Account number:
	Bank's SWIFT or BIC code (if available):
	IBAN Number (if available):