



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) with a copy to Venetia Stuart (vstuart@ioccg.org).

EXPENSE CLAIM FORM INSTRUCTIONS

- Please complete your travel claim within **one month** of your travel. Claims submitted after this time period will not be reimbursed.
- Number all receipts sequentially (starting with #1) and attach a clear, scanned copy of each receipt.
- Note the currency in which the expenses were incurred. Exchange rates will be determined using XE.com's Travel Expense Calculator.
- Air Travel: attach original invoice if you paid for the ticket yourself (boarding passes not required, invoice not required if paid by IOCCG).
- Hotel Expenses: IOCCG will reimburse for room charges only - no room service, mini bar charges etc. (these will come out of per diem allowances).
- Daily per diems 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 required.
- Privately Owned Vehicles: IOCCG will reimburse for use of privately owned vehicles at a rate of \$0.36 U.S. per km (\$0.58/mile).
- Miscellaneous expenses with no receipts (e.g., bank charges, buses, water, tips and other incidentals). List items and include amount requested.
- Reimbursement will be by \$USD/CAD\$ cheque for USA/Canada, or by USD\$ bank draft or USD\$ wire transfer for all other countries.



IOCCG TRAVEL EXPENSE CLAIM FORM

Send **scanned copies of all** receipts, plus the signed form to:
 Raisha Lovindeer (raisha@ioccg.org) with a copy to Venetia Stuart (vstuart@ioccg.org).

Name:			
Institute mailing address for cheque			Email:

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

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

Date	Receipt #	Particulars	Amount	Currency	OFFICE USE ONLY	
					Rate	USD \$ Total
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 outside North America

For reimbursement outside of North America please choose whether you would like to receive a USD\$ bank draft (delivered to your own address), or a USD\$ wire transfer into your own bank account. Please provide the necessary information below for the option of your choice.

1) USD\$ Bank Draft (outside North America only)

Name of bank: _____

Full address of bank: _____

-OR -

2) USD\$ Wire Transfer (outside North America only)

Full name of account holder: _____

Address of account holder (as in the bank's records): _____

Name of bank: _____

Full address of bank: _____

Account number: _____

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

IBAN Number (if available): _____