

## Senate Travel Expenses Procedure

The Governance Office reimburses elected Senators (district representatives and members at large) for travel expenses of up to \$1000 for each Senate meeting. This \$1000 cap includes all expenses such as flights, hotels, meals, cab fare, etc.

Expenses for optional events such as Convocation, volunteer opportunities, and university events are not reimbursed. Expenses incurred by Senators who represent professional or community associations are also not reimbursed by the Governance Office.

### Procedure

- 1) Record all travel expenses on the attached Travel Expense Claim form.  
**Note:** The CFOAPAL coding section and the Approval section do not need to be completed. For the “Department / College” boxes, fill in “USask Senate.”
- 2) Attach either original receipts, scanned receipts, or paid invoices for all expenses except:
  - a) Meals, except if the claim is above the standard amount (more information below).
  - b) Tips and gratuities.
  - c) Mileage for use of personal vehicles (reimbursement is at a rate of \$0.5496/km).

USask has standard amounts for meal reimbursement. These amounts are the maximum allowed if there are no receipts. The standard amounts for meals in Saskatchewan are:

- Breakfast: \$10
- Lunch: \$18
- Supper: \$23

Amounts more than these standards must be reasonable and must be supported by receipts that show the name of the restaurant and the amount paid.

For accommodations, expenses are reimbursed up to the equivalent of a single room in a standard, non-luxury hotel. When a friend or relative provides accommodation to an individual, a maximum amount of \$35/day can be claimed in lieu of a hotel.

- 3) Send the completed and signed form to [governance.office@usask.ca](mailto:governance.office@usask.ca) or mail it to:  
Governance Office  
Administration Building E290  
105 Administration Place  
Saskatoon, SK S7N 5A2

Ideally, all claims should be submitted within ten business days after the Senate meeting.

- 4) If there is something missing in a claim, the Governance Office reaches out to the person who submitted it to request additional documentation or information. All claims are approved by the University Secretary and Chief Governance Officer.

Last updated: April 2024

# TRAVEL EXPENSE CLAIM

Note: This form is to be used to reimburse guests in a currency other than CAD or USD, or for Chart 2 reimbursements.  
 All other claims are to be processed through [Concur](#). Questions can be directed to ConnectionPoint at (306) 966-2000 or [ConnectionPoint@usask.ca](mailto:ConnectionPoint@usask.ca).  
 For assistance in completing this form, please check PAWS for the Knowledge Base article on travel.

Name \_\_\_\_\_ NSID \_\_\_\_\_ UniFi Vendor Number (if known) \_\_\_\_\_

Research Affiliation re: Tri-Agency Travel \_\_\_\_\_

Department / College \_\_\_\_\_ Room / Building \_\_\_\_\_

Mailing Address (Street, City, Prov/St, Postal/Zip) \_\_\_\_\_

Destination \_\_\_\_\_ Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

Trip Purpose \_\_\_\_\_

**Details of Expenses: Attach Original or Scanned Receipts; Attach Exchange Rate Verification (if applicable).**

DATE (mmm/dd)	Description	Transportatn (inc local-taxi)	Accomodatn (inc hotel/prv)	MEALS			Misc (reg fee, phone)	Exch Rate	TOTAL (CAN\$)
				Brkfst	Lunch	Dinner			

Please record the number of **Personal Days** included in this trip.  Subtotal....

**Personal Vehicle** - attach a **Vehicle Kilometer Log** if claim includes more than one trip.  **KMS @**

**Foreign Currency Settlement:**  Enter **EXPENSE DETAIL TOTAL...** (if applicable)....

CFOAPAL - Required Coding					Optional Coding		AMOUNT	FSD Use	TOTAL.....
Cht(1)	Fund(6)	Org(4)	Acct(5)	Prg(4)	Acty(5)	Lctn(6)			
									Less Advance.....
									<b>NET CLAIM....</b>

**NOTE: Attach receipts for prepaid expenses, e.g. airfare (e-ticket), registration fees, etc.** TOTAL....

**Certification:** I certify that all expenses incurred are related to university business, that none have been claimed from other organizations, that they comply with university or funding agency travel expense guidelines, and that I personally paid for them.

Claimant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Prepared By / For Information Contact (Please Print) \_\_\_\_\_ Department / College \_\_\_\_\_ Phone \_\_\_\_\_

**Approval:** Note: Your signature indicates approval as to the appropriateness and reasonableness of the expenses being claimed. To the best of my knowledge, any expenses on this form identified as Tri-Agency related charges meet eligibility and compliance requirements of the Tri-Agency and the University.

Approver's Signature \_\_\_\_\_ Please Print Name \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_

**Distribution:** Forward completed and approved form, including all required attachments (original receipts, event schedule /conference outline, Authority to Travel form, etc.) to ConnectionPoint - Room 258 Arts Building