UBC IZAAK WALTON KILLAM FELLOWSHIPS

Research and Travel Allowance claim Form

The Killam Allowance is to be used only by UBC Killam Doctoral Scholars and Postdoctoral Fellows. This form does not constitute an application for the Killam Fellowships Program. Non-Killam graduate students at UBC are not eligible for the Killam Allowance and should contact their UBC department or consult <http://www.grad.ubc.ca/awards> regarding other sources of research funding.

Type(s) of claim

Research Travel (Doctoral Scholars and Postdoctoral Fellows)

Relocation (Postdoctoral only)

Miscellaneous Research Expenses (Postdoctoral only)

Claimant’s Information:

|  |  |  |
| --- | --- | --- |
| Given Names and LAST NAME: |  | |
| Duration of Your Fellowship: | Start date: | End date: |
| Student Number (Doctoral only): |  | |
| Social Insurance Number: |  | |
| UBC Employee ID\*: |  | |
| E-mail Address: |  | |
| Primary Phone Number: |  | |
| UBC Department or School: |  | |
| Department Mailing Address: |  | |
| Department Postal Code: |  | |

\*If you have ever received pay from UBC, you will have a UBC Employee ID number. This number is required for all claims from Postdoctoral Fellows; some Doctoral Fellows may also have an Employee ID number.

**Declaration of Previous Claims**

I have previously made a claim to the Killam Allowance (please complete the calculation below).

This is my first claim to the Killam Allowance.

|  |  |
| --- | --- |
| Original Value of Allowance  $2,000 for Doctoral / $4,000 for Postdoctoral | CAD $ |
| Subtract Previous Travel Claims  (Please contact the Killam Assistant for amount if needed) | CAD $ |
| Balance Available for This Claim | CAD $ |

If you have questions regarding your previous claims or require information about your available balance, please contact the Killam Assistant at 604 822-9683 or [killam.fellowships@ubc.ca](mailto:killam.fellowships@ubc.ca?subject=Killam%20Postdoctoral%20Research%20Fellowship) .

Statement of Expenses

A) Research-Related Travel:

The purpose of my travel was

A Professional Conference or the Annual General Meeting of a Professional Association

A Field Trip

A Research Visit (e.g. collaborative research at another institution)

Other (please specify):

|  |  |
| --- | --- |
| Dates of Travel: |  |
| Starting Location and Destination(s): |  |
| Name of Conference (please do not use acronyms): |  |
| Conference website: |  |
| Link to your submission, if available: Otherwise, please attach the conference program, noting the page showing that you presented. |  |

Summary of Expenses:

|  |  |  |
| --- | --- | --- |
| ITEM: | AMOUNT | CURRENCY |
| Airline | $ |  |
| Baggage fees: | $ |  |
| Other Transportation (e.g. ferry, bus, train, etc.):  (please specify) | $ |  |
| Taxi, ride share | $ |  |
| Car Rental | $ |  |
| Mileage (CAD $0.61 per kilometer)\*  Starting Address:  1st Destination Address/City:  2nd Destination Address/City:  Final Ending Address: | $ |  |
| Total travel fees: | **$** |  |
| Meals with Receipt | $ |  |
| Per diem (for non-receipted meals)\* | $ |  |
| Total meals: | **$** |  |
| Accommodation | $ |  |
| Conference Registration | $ |  |
| Other (please specify): | $ |  |
| Other (please specify): | $ |  |
| TOTAL EXPENSES: | **$** |  |

**\***Please note that the meal per diem and mileage rates are determined by UBC Policy #83 ([*http://www.universitycounsel.ubc.ca/policies/policy83.pdf*](http://www.universitycounsel.ubc.ca/policies/policy83.pdf)) and defined at [*https://finance.ubc.ca/travel/private/reconcile/private/meal-diems*](https://finance.ubc.ca/travel/private/reconcile/private/meal-diems).

Rates may change without notice. Claims submitted on or after the date of any changes will be subject to the new rates.

B) One-Time Relocation to UBC (for Postdoctoral Fellows only)

|  |  |
| --- | --- |
| Dates of Relocation: |  |
| Starting Location: |  |

Summary of Expenses:

|  |  |  |
| --- | --- | --- |
| ITEM \* | AMOUNT | CURRENCY |
| Airline | $ |  |
| Car Rental | $ |  |
| Mileage (CAD $0.61 per kilometer) | $ |  |
| Taxi | $ |  |
| Other Transportation (please specify): | $ |  |
| Moving Company | $ |  |
| Shipping | $ |  |
| Other (please specify): | $ |  |
| Other (please specify): | $ |  |
| TOTAL EXPENSES: | $ |  |

**\*** For a complete list of permitted relocation expenses, please consult UBC Policy #82 ([*http://www.universitycounsel.ubc.ca/policies/policy82.pdf*](http://www.universitycounsel.ubc.ca/policies/policy82.pdf)).

C) Other Research-Related Expenses (for Postdoctoral Fellows Only)

Summary of Expenses:

|  |  |  |
| --- | --- | --- |
| **ITEM** | **AMOUNT** | **CURRENCY** |
| Memberships in Professional Associations | $ |  |
| Publication Costs for Submissions to Professional Journals | $ |  |
| Other (please specify): | $ |  |
| Other (please specify): | $ |  |
| **TOTAL EXPENSES:** | **$** |  |

SUMMARY OF ALL EXPENSES (A through C)

|  |  |  |
| --- | --- | --- |
| ITEM | AMOUNT | CURRENCY |
| A) Research Travel | $ |  |
| B) Relocation | $ |  |
| C) Other Research Expenses | $ |  |
| TOTAL EXPENSES: | $ |  |

Please forward a signed copy of this form with copies of original receipts to the Killam Fellowships Program, Faculty of Graduate and Postdoctoral Studies. Remember to retain a copy of this form and all receipts for your records. Digital copies sent by email are preferred, but hard copies sent through the mail will also be accepted.

This claim will not be considered until all signatures have been provided.

|  |  |
| --- | --- |
| Claimant’s Signature (pen on paper) |  |
| Date Signed |  |
| Supervisor’s Name |  |
| Supervisor’s Signature (pen on paper) |  |
| Date Signed |  |

## **Please submit your expense form and original receipts to:**

|  |  |
| --- | --- |
| Killam Fellowships Program  Faculty of Graduate and Postdoctoral Studies  University of British Columbia  170-6371 Crescent Road  Vancouver BC V6T 1Z2 | Phone: 604 822-9546  E-mail: [killam.fellowships@ubc.ca](mailto:killam.fellowships@ubc.ca?subject=Killam%20Postdoctoral%20Research%20Fellowship)  Web: <http://www.grad.ubc.ca/awards/> |