

Claimant Declaration Form

This form:

• must be used when an SAP Concur claim is being submitted on behalf of someone else (i.e. <u>acting as a delegate</u>).

Claimant Information

- must be attached to the claim in SAP Concur as supporting documentation.
- can be filled out by either the claimant or the delegate, but must be signed by the claimant.

Claimant Name	Claimant Employee/Student ID #		
Claimant Address			
		Delegate Information	
Delegate Name			
		Claim Information	
Event/Travel Destination		Event/Travel D	ates
SAP Concur Report Title		Amount Reque	sted
Purpose of Claim	•		·
Choose <u>1</u> Claim Type	:		
□ Evma	naa Da	aimburgament Leartifuthat all avenues submitted are	in accordance with University notice
Expense Reimbursement – I certify that all expenses submitted are in accordance with University policy and will not be used as claims to other organization(s) or for Income Tax purposes			
and v	viii not	of be used as claims to other organization(s) or for income	e Tax purposes
		Request – I confirm that I am requesting these funds to be	
on be	ehalf o	of Carleton University. I understand that this is a cash adv	ance request that:
a	 a) I am required to report on it within 10 days of the end of my event or travel; 		
b	b) I am required to provide all required supporting documentation when submitting my claim,		
	incl	cluding this advance; and	
С) Im	nay receive a Statement of Other Income (T4A) from the U	Jniversity if I do not provide proper
	-	counting documentation for this advance.	
		0	
	± //	(Claimant)	
Signature (Claimant)		(Claimant) Dat	.e

Tip: If you are having trouble uploading this form into SAP Concur, please visit https://carleton.ca/facts/travel/pdf-documents/.