

**Comprehensive University Enhancement Fund
 Undergraduate Student Research Experience Award Program (U-REAP)**

**APPENDIX B
 Final Financial Statement
 (To be verified by Finance Office)**

Name of Student: _____

Student ID: _____

Title of Project: _____

Start date: _____

End date: _____

Name of Faculty Supervisor: _____

Department: _____

Faculty/School _____

Total approved U-REAP operating grant: _____

	Object codes Required	Amount spent	Justification (may add extra pages)
Laboratory Supplies	701004		
Field Supplies	701005		
Office Supplies	702010		
Mileage per diem - Provincial	751010		
Mileage per diem - Canadian	752010		
Meal expenditures - Provincial	751210		
Meal expenditures – Canadian	752210		
Accommodations - Provincial	751310		
Accommodations – Canadian	752310		
Conference registration – Provincial	751410		
Conference registration – Canadian	752410		
Other travel expenses - Provincial	751411		
Other travel expenses – Canadian	752411		
Other			
Total			

Student signature: _____

Date: _____

Supervisor signature: _____

Date: _____

Please submit to the Office of Research and Graduate Studies, CT225 for reimbursement with receipts/invoices and other financial documentation as applicable.