



Expense Claim Form updated October 10/2016

<p>EXPENSES INCURRED WHILE ATTENDING:</p> <hr/> <p>Location: _____</p> <p>Dates: _____</p> <p>REIMBURSE TO: (print)</p> <hr/> <p>Address: _____</p> <p>City : _____</p> <p>Postal Code: _____</p> <p>Date Submitted: _____</p> <p>Signature: _____</p> <p style="text-align: center; font-size: small;">I certify that this expense claim form is correct and that these expenses have been incurred for the above stated purposes.</p>	<p>Expenses</p> <p>Mileage for Personal Vehicle:</p> <p>_____ kms @ 42.27 cents = \$ _____</p> <p><u>Vehicle Rental</u> = \$ _____</p> <p><u>Fuel</u> = \$ _____</p> <p><u>Flights</u> = \$ _____</p> <p><u>Meals</u> = \$ _____</p> <p><u>Accommodations</u> = \$ _____</p> <p>_____ = \$ _____</p> <p>_____ = \$ _____</p> <p>_____ = \$ _____</p> <p>_____ = \$ _____</p> <p>_____ = \$ _____</p> <p>_____ = \$ _____</p> <p>_____ = \$ _____</p> <p>_____ = \$ _____</p> <p>_____ = \$ _____</p> <p>GRAND TOTAL OF CLAIM: = \$ _____</p> <p style="text-align: center; color: red; font-weight: bold;">Receipts must accompany this Document</p>
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OFFICE USE ONLY Date: _____ ED authorization: _____			
Account# _____	Amount\$ _____	Cheque date: _____	Invoice batch# _____
Account# _____	Amount\$ _____	Cheque # _____	Payment batch# _____
Vendor# _____	GST1015\$ _____	Cheque \$ _____	Issued by _____
STAFF USE ONLY Clinic Location _____			
AGES of Participants _____			