



Expense Claim Form updated March 1/2019

EXPENSES INCURRED WHILE ATTENDING:

Location: _____
 Dates: _____

REIMBURSE TO: (print)

Address: _____
 City: _____
 Postal Code: _____

Date Submitted: _____

Signature: _____

I certify that this expense claim form is correct and that these expenses
 have been incurred for the above stated purposes.

Expenses

Mileage for Personal Vehicle:
 _____ kms @ **42.27** cents = \$ _____

Vehicle Rental = \$ _____

Fuel = \$ _____

Flights = \$ _____

Meals = \$ _____

Accommodations = \$ _____

_____ = \$ _____

_____ = \$ _____

_____ = \$ _____

_____ = \$ _____

_____ = \$ _____

_____ = \$ _____

_____ = \$ _____

_____ = \$ _____

_____ = \$ _____

_____ = \$ _____

GRAND TOTAL OF CLAIM: = \$ _____

Receipts must accompany this Document

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 _____