



EXPENSE CLAIM FORM

NAME _____	DEFINE ACTIVITY _____
FUNCTION _____	(event, location, dates) _____
ADDRESS _____	SIGNATURE _____
_____	DATE _____

EXPENSE TYPE	DATE OF EXPENSE						TOTAL CLAIMED	OFFICE USE ONLY		
	Location	Location	Location	Location	Location	Location		GST/HST 1170-1/1180-1 REBATE	NET AMOUNT	ACCOUNT CODE
	DATE OF EXPENSE	DATE OF EXPENSE	DATE OF EXPENSE	DATE OF EXPENSE	DATE OF EXPENSE	DATE OF EXPENSE				
TRANSPORTATION: KM							\$0.00			
AMOUNT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
TAXIS							\$0.00			
OTHER TRAVEL (gas for rental car)							\$0.00			
(specify) - Extra Baggage Fee							\$0.00			
PARKING/TOLLS							\$0.00			
ACCOMMODATION							\$0.00			
MEALS							\$0.00			
TELEPHONE / FAX							\$0.00			
POSTAGE							\$0.00			
							\$0.00			
							\$0.00			
DAILY TOTALS:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ -	\$ -	

- REGULATIONS:**
1. All claims must be submitted within 30 days of activity.
 2. Where required, original receipts must be attached.
 3. Mileage rate for private car - .48c/km.

APPROVAL _____

DATE _____