



EXPENSE FORM

1. Complete the expense form.
2. PRINT the form and attach receipts.
3. Obtain necessary approval and submit your claim to Finance.
4. Retain a copy for your records (print 2 copies before closing this form).

First Name Last Name Dept./Category Date

Event

Event

Event Date

Description

Amount

Meal/Per Diem	\$9 Breakfast <input type="text"/>	\$12 Lunch <input type="text"/>	\$18 Dinner <input type="text"/>	Total Meals	<input type="text"/>
	\$6 Miscellaneous <input type="text"/>	(Total not to exceed \$45 per day for the meal/per diem)		Total Misc.	<input type="text"/>
Hotel (details)	<input type="text"/>			Total Hotel	<input type="text"/>
Transport (details)	<input type="text"/>			Ttl Transport	<input type="text"/>
Mileage	<input type="text"/> km <input type="text"/>	From:	<input type="text"/>	Ttl Mileage	<input type="text"/>
	To: <input type="text"/>	To:	<input type="text"/>		
Parking (details)	<input type="text"/>			Ttl Parking	<input type="text"/>
Others (details)	<input type="text"/>			Total Others	<input type="text"/>

Total Amount Due Employee

Employee Signature _____

Approved By _____

OFFICE USE ONLY

Code	<input type="text"/>	Amount	<input type="text"/>
Code	<input type="text"/>	Amount	<input type="text"/>
Code	<input type="text"/>	Amount	<input type="text"/>
Code	100-000-604-05	Amount	<input type="text"/>
Code	100-000-604-06	Amount	<input type="text"/>
Code	100-000-604-07	Amount	<input type="text"/>
		Total	<input type="text"/>

Cheque No. Date