



EXPENSE CLAIM

PLEASE PRINT LEGIBLY

Please read instructions below before you complete this form

Payable To:		() Clinical co-ordinator, Advisory, Other Please specify Program _____ Clinical Site _____ () Staff or Board members
Street :		
City/Province:		
Postal Code:		
Telephone :		

ITEMS	Date (mm/dd/yy)	Expense Type (a)	Description / Event / Project / Location (b)	Mileage # KM (c)	Foreign \$ (Spec currency)	Exchange Rate	Amount CAD \$
1							
2							
3							
4							
5							
6							
7							

INSTRUCTIONS:

(a) Expense Type:

(1) Hotel/Accommodation (2) Air/Trains/Bus/Taxi (3) Car Rental (4) Mileage (5) Meals
(6) Parking (7) Conference (8) Books (9) Other

(b) Description/Event/Project/Location - enter a description that explains the purpose of transaction. Please specify a program or project if relevant.

(c) The use of personal vehicles driven on authorized business travel is reimbursed at **\$ 0.59 per kilometre for the first 5,000 km**, and **\$0.53 per kilometre thereafter** - Mileage rates are subject to change as mandated by the Canada Revenue Agency.
A copy of Google directions clearly noting the mileage must be attached.

(d) **Original detailed receipts must be attached, in the order listed on this form.** Credit card copy is useful, however, it is not sufficient to validate a claim.

(e) For expenses related to meals, please identify all individuals included (on receipt or report). The maximum claim per day is \$50 (gratuities and taxes included).

(f) When submitting expenses incurred in foreign currencies, please specify which currency and use the rate/charge as per credit card statement or the exchange rate applied when the currency was purchased

(g) To qualify for reimbursement, this claim must be submitted to the Finance Dept. within **60** days of meeting/event with proper approval.
Any late submission, failure to attach receipts or to sign the form could result in delays or inhibit reimbursement.

(h) Professional Development reimbursement must be approved by HR Department.

Sub-total

\$

Less Cash Advance

\$

TOTAL

\$

I certify that the expenses listed above are for business purposes and meet the Broader Public Sector (BPS) Guidelines. For Details, please refer to our Expense Policy.

Requested by: _____

Approved by: _____

_____-_____-_____
(Dept#) - (G/L Account#) - (Project/Course#)