

EXPENSE REIMBURSEMENT FORM

Staff Student Other Date: _____

Name:					Employee/Vendor ID:				
Address:					Purpose:				
Phone:		Email:			Period Covered From :			To:	
TRAVEL EXPENSE									
Distance traveled: _____ kilometers @ \$.63 per KM					\$				
Other Travel (Please specify and attach original receipts)									
⇒ ⇒					\$				
⇒ ⇒					\$				
ACCOMMODATION EXPENSES: (Please specify and attach original receipts)									
⇒ ⇒					\$				
MEAL EXPENSES:									
Date	Breakfast	Lunch	Dinner	Total					
TOTAL MEAL EXPENSE					⇒ ⇒	\$			
OTHER (Please specify and attach original receipts)									
⇒ ⇒					\$				
⇒ ⇒					\$				
TOTAL EXPENSE CLAIM					⇒ ⇒	\$			
Less Travel Advances Received (if applicable)					⇒ ⇒	\$ ()			
BALANCE DUE					⇒ ⇒	\$			

I certify that the above is correct in all respect, and that the expenditures claimed were actually incurred on official business.

(Signature of Claimant) _____ (Approval) FIN: Invoice # _____

Cost Centre	Project	Rev/Exp	Amount	Cost Centre	Project	Rev/Exp	Amount
			\$				\$
			\$				\$
			\$				\$