

STATEMENT OF TRAVEL AND OTHER EXPENSES

EMPLOYEE #:	EMPLOYEE NAME:
WORK LOCATION:	

DATE	PARTICULARS	KM	RCPT #	TRAVEL \$	MEALS \$	ACC \$	OTHER \$	TOTAL	
KM TOTAL		X \$0.60 = \$ KM COST							

COMMENTS:	TOTAL = \$
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<p>I certify the above expenses were incurred by me on approved Agency business.</p> <p>SIGNATURE: _____</p> <p>APPROVED BY: _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">DEPARTMENT #</td> </tr> <tr> <td>ACCOUNT NUMBER</td> <td>ACCOUNT \$\$\$\$\$</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	DEPARTMENT #		ACCOUNT NUMBER	ACCOUNT \$\$\$\$\$				
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INSTRUCTIONS FOR COMPLETING STATEMENT OF EXPENSES

GENERAL:

Indicate in appropriate line whether statement covers expenses incurred on Agency business, by person listed as volunteer, employee or other (e.g., candidate for employment, client, member, etc.) Only mileage claims should go to payroll; all other claims should go to accounting.

DATE:

State month/year then show the day on each line of expenses.

PARTICULARS:

Briefly explain each line of expense.

KM:

Enter kilometres travelled in your own car and the compensatory rate then extend the totals claim to the total column.

TRAVEL:

Costs include air, rail and road. Road travel includes public transit, bus, taxi, car rental and parking charges. Do not include your own car cost in this column.

MEALS:

Indicate the cost of meals including taxes and gratuities.

ACCOMMODATION:

Record cost of overnight accommodations, standard room, unless otherwise approved.

OTHER:

Specify any other costs such as room incidentals and any other approved expenses. Use this column when claiming the Business Insurance Refund.

RECEIPTS:

Number consecutively each original receipt and record each number in the column opposite the expense. Any adjustment for non-reimbursable costs should be noted on the receipt. If the original is not available, please attach an explanation.

TOTALS:

Extend each line and add totals.

OTHER DETAILS:

Enter passenger's names if other individuals accompanied you on the trip or if hospitality was extended to others. Complete the sections for Employee Number, Statement Date and Budget Centre (the last two digits of the account number e.g., 22,40). If costs are to be charged to more than one budget centre, indicate. Use Special Instructions section to explain any receipts or justify exceptional situations. Include your address if you are requesting a cheque.

SIGNATURES:

Forms will not be processed without all signatures completed as required (see Travel and Expense Reimbursement [PER-200-05] policy).