

Name: _____

Address: _____

ph#: _____

email: _____

Date	Description (Separate line for each item/receipt)	GST \$ Amt (Separated from total amt)	Total \$ Amt of Expense (Incl GST)	GL code (Office use)

Total Reimbursement \$ -

Claimant Signature: _____

Date: _____

Approval Signature: _____

Date: _____

**Please ensure all applicable fields are completed, the form is appropriately signed and dated, and all receipts are attached, otherwise payment may be delayed.*

**** Credit card slips are not accepted. Itemized receipts which also show GST are needed for payment**