

**EXPENSE CLAIM FORM**

**VICE PRESIDENT**

(All expenses)

DATE July 5, 2018

VENDOR/STAFF#  
(as applicable)



NAME  
(Claimant/Payee)

Valerie Kapay (DINERS CLUB CARD)

DEPT VP, Human Resources

FIRST MIDDLE LAST

Permanent Mailing Address:

Itinerary and business rationale for expense: May BOG meeting (May 23 - 28, Winnipeg)

Rcpt no.	Date	GL Acct	Fund	Cost Centre	Activity Type	Activity Code	Sub-activity Code	Activity Locn	Type of Expense	Description and business rationale (Include PURCHASE ORDER NUMBER if applicable)	NET Amount	GST Amount	Total Amount
1	18/05/23	3101	2100	890030	800					Taxi (from Winnipeg airport to Hotel Fort Carry)	\$ 27.60		\$ 27.60
2			2100										\$ -
3			2100										\$ -
4			2100										\$ -
5			2100										\$ -
7			2100										\$ -
8			2100										\$ -
9			2100										\$ -
10			2100										\$ -
11			2100										\$ -
12			2100										\$ -
13			2100										\$ -
14			2100										\$ -
15			2100										\$ -
16			2100										\$ -
17			2100										\$ -
18			2100										\$ -
19			2100										\$ -
20			2100										\$ -
21			2100										\$ -
22			2100										\$ -
23			2100										\$ -
24			2100										\$ -
25			2100										\$ -
<b>Total Expenses : A</b>											<b>27.60</b>	<b>-</b>	<b>\$ 27.60</b>

**GL Codes Summary (please summarize by unique GL string) - DO NOT LEAVE THIS SECTION BLANK**

GL	Fund	Cost Centre	Activity Type	Activity Code	Sub-activity Code	Activity Location	NET Amount	GST	Total Amount
3101	2100	890030	800				27.60		\$ 27.60
	2100								
	2100								
	2100								
	2100								
	2100								
	2100								
	2100								
<b>Total</b>							<b>\$ 27.60</b>	<b>\$ -</b>	<b>\$ 27.60</b>

Subtract Advance (if applicable)	B	
Balance Due to Claimant	A-B	\$ 27.60

Return to Requestor (RTR)  Mail to Claimant

Requestor Name (if RTR) \_\_\_\_\_

Requestor Dept (if RTR) \_\_\_\_\_

Prepared by (if not Claimant) \_\_\_\_\_