

NOV 28 2016

EXPENSE CLAIM FORM

DATE Novemb

VENDOR/STAFF# (as applicable) VP-0022

NAME (Claimant/Payee) John Snow

DEPT Board of

Permanent Mailing Address: 

Itinerary and Purpose of Travel/Expense: October Board of Governors Meetings

(if non-employee, describe TBC involvement)

Rcpt no.	Date	GL Acct	Fund	Cost Centre	Activity Type	Activity Code	Sub-activity Code	Activity Locn	Description (Include PURCHASE ORDER NUMBER if applicable)	NET Amount	GST Amount
1	2016-10-26	3104	2100	890030	800				Assdociated Cab Services	\$ 74.91	\$ 0
2	10/260/2016	3104	2100	890030	800				Gas Claim	\$ 38.10	\$ 1.90
3			2100								
4			2100								
5			2100								
6			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								
Total Expenses : A											

74.91
40.00

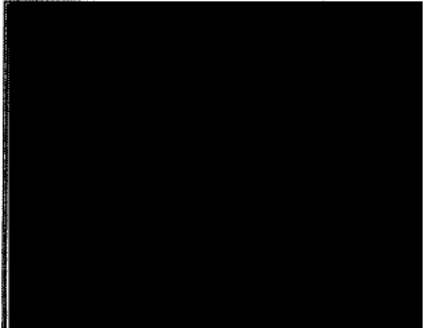
GL Codes Summary (please summarize by unique GL string)									
GL	Fund	Cost Centre	Activity Type	Activity Code	Sub-activity Code	Activity Location	NET Amount	GST	Total Amount
3104	2100	890030	800				\$ 113.01	\$ 1.90	\$ 114.91
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
Total									114.91

ENTERED NOV 30 2016

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

114.91
A

If Travel Advance exceeds expenses and the Centre reimbursed, please attach top copy of cheque the cash posting to this claim.



Return to Requestor (RTR)	Mail to Claimant
Requestor Name (if RTR)	

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