

Transaction Search - Company

BMO, 10/01/2020 to 12/31/2020

Company Unit - T&E EXEC

Mapped Cards

Janice Price

Posting Date	Tran Date	Account	Supplier	Amount
12/21/2020	12/20/2020	[REDACTED]	Memberships	500
			Debit Total CAD	500
			Credit Total CAD	0
			Total CAD	500

EXPNOV27/20

EXPENSE CLAIM FORM
PRESIDENT AND CEO
 (All expenses)

DATE November 27, 2020

VENDOR/STAFF# (as applicable)

NAME Janice Price
 (Claimant/Payee) FIRST MIDDLE LAST

DEPT President and CEO

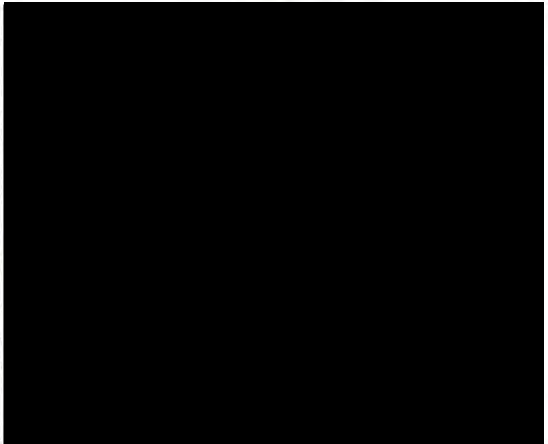
Permanent Mailing Address: _____
 Itinerary and business rationale for expense: Medical expenses covered under health spending account

Rept 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	2020-08-17	2231	2100	890000					TGE	Physiotherapy covered under Health Spending Account	\$ 30.00		\$ 30.00
2	2020-08-31	2231	2100	890000					TGE	Physiotherapy covered under Health Spending Account	\$ 30.00		\$ 30.00
3	2020-09-14	2231	2100	890000					TGE	Physiotherapy covered under Health Spending Account	\$ 80.00		\$ 80.00
4	2020-09-14	2231	2100	890000					TGE	Physiotherapy covered under Health Spending Account	\$ 130.00		\$ 130.00
5	2020-09-21	2231	2100	890000					TGE	Physiotherapy covered under Health Spending Account	\$ 130.00		\$ 130.00
6	2020-09-28	2231	2100	890000					TGE	Physiotherapy covered under Health Spending Account	\$ 130.00		\$ 130.00
7	2020-10-09	2231	2100	890000					TGE	Physiotherapy covered under Health Spending Account	\$ 130.00		\$ 130.00
8	2020-10-26	2231	2100	890000					TGE	Physiotherapy covered under Health Spending Account	\$ 20.11		\$ 20.11
9	2020-10-30	2231	2100	890000					TGE	Eye Care covered under health spending account	\$ 1,604.89		\$ 1,604.89
10													\$ -
11													\$ -
12				2100									\$ -
13				2100									\$ -
14				2100									\$ -
15				2100									\$ -
Total Expenses : A											2,285.00	-	\$ 2,285.00

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
2231		890900-800					2285		2,285.00
Total							2285	0	2,285.00

Subtract Advance (if applicable)	B	
Balance Due to Claimant	A-B	\$ 2,285.00

If Travel Advance exceeds expenses and the Centre is to be reimbursed please attach top



Return to Requestor (RTR)	Mail to Claimant
Requestor Name (if RTR)	
Requestor Dept (if RTR)	
Prepared by (if not Claimant)	

