[redacted]

EXPENSE CLAIM FORM - President, VP, Board

DATE April 5, 2023

VENDOR/STAFF# (as applicable) _____

NAME (Claimant/Payee) Janice Price (FIRST / MIDDLE / LAST)

Position President and CEO

Permanent Mailing Address: [redacted]

Itinerary and Purpose of Travel/Expense: Relocation allowance as per employment contract

Rcpt no.	Date	Expense Type	GL Acct	Fund	Cost Centre	Activity Type	Activity Code	Description and Reason	NET Amount	GST Amount	Total Amount
1	2023-03-26	Travel-General (Pres,VP)	[redacted]						$ 1,930.50		$ 1,930.50
2									1838.57 + 91.93		$ -
3											$ -
4											$ -
5											$ -
6											$ -
7											$ -
8											$ -
9											$ -
10											$ -
11											$ -
12											$ -
13											$ -
14											$ -
15											$ -
								Total Expenses : A			1,930.50

GL Code Summary

GL	Expense Type	Cost Centre	Fund	Activity Type	Activity Code	NET Amount	GST	Total Amount
[redacted]								
					Total	1,930.50	-	1,930.50

Travel Advance	B		
Balance Due to Claimant	A-B	$	1,930.50

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

[redacted]

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

[redacted]

[redacted]

[redacted]