



65 St. Clair Avenue East
Toronto, Ontario
Canada M4T 2Y8

PROVINCIAL EXPENSE CLAIM (please read instructions)
(Note to provincial staff: use separate form for AMI/X expenses)

A 6: 01
FCP 2008

Claimant Name: _____
Address: _____
City: _____ Postal: _____
Claimant's Signature: _____
CHEQUE PAYABLE TO: _____

Unit / Dept: _____
Elementary: Secondary: Occasional:

Event Name: _____
Event Date: _____

Unit / Dept / Event Approval Signature _____

Approval Date: _____

Accounting Dept only
EVENT ACCT: _____

original receipts attached

HOTEL / ACCOMMODATION / MEALS

UNIT NO. _____

DATE	SUPPLIER / REASON	SUPPLIER TOTAL \$	PER DIEM 87200	ACCOM'N 60200	MEALS 81600	HOTEL PARKING 96200	OTHER	PERSONAL EXPENSE
SUBTOTAL								

TRAVEL

DATE	SUPPLIER / REASON	SUPPLIER TOTAL \$	AIR / RAIL / BUS	TAXI / LIMO	PARKING	MEALS IN TRANSIT	OTHER	PERSONAL EXPENSE
acct 96200 SUBTOTAL								

MILEAGE

DATE	RATE/KM	KM	TOTAL \$	REASON FOR TRAVEL	FROM	TO
acct 96200 SUBTOTAL						

OTHER

DATE	SUPPLIER	TOTAL \$	DESCRIPTION / REASON	Accounting Dept only			
				ACCOUNT	FUND	DEPT	CATEGORY
SUBTOTAL							

PREPAID AIRLINE PASS

DATE	SUPPLIER	TOTAL \$	REASON FOR TRAVEL	Accounting Dept only			
				ACCOUNT	FUND	DEPT	CATEGORY
SUBTOTAL (non-allowable amount):							

TOTAL ALL ITEMS ABOVE:	
Personal and Non-Allowable Amts:	
PROVINCIAL REFUND:	

Provincial Approver Signature _____

Date Approved: _____

ACCOUNTING DEPT ONLY

Batch No: _____
Invoice No: _____
Cheque No: _____
Date of Issue: _____

DEBIT	CREDIT	DESCRIPTION	Accounting Dept only			
			ACCOUNT	FUND	DEPT	CATEGORY
TOTAL PROVINCIAL REFUND:						