

Expense Reimbursement Application



Name: _____ Position: _____

Signature: _____ Date: _____

				<i>Office use only</i>	
Date	Payment To	Purpose	Amount	GST	Less GST
Mileage	Km driven: _____	Rate as per CRA: _____			
TOTAL					

Travel Details

Training Session / Conference: _____

Date(s) in session: _____ Location: _____

Note: Receipts must be attached to Reimbursement Application before any payment will be made

Office use only:

Approved by: _____ Date: _____ Cheque No: _____ Date Complete: _____