

EXPENSE REPORT

Please download this form into Adobe/pdf to complete and sign electronically.

REIMBURSEMENT PAYABLE TO:					EXPENSES INCURRED FROM: TO:				
EXPENSES INCURRED BY:					PLEASE SEE RELEVANT POLICIES AND/OR PROCEDURES FOR CLAIMING EXPENSES AMOUNTS CLAIMED MUST BE SUPPORTED BY ORIGINAL DETAILED RECEIPTS				
ADDRESS OF PAYEE:									
				KILOMETRAGE	TRAVEL				TOTAL
DATE OF EXPENSE	REASON FOR EXPENSE		# of KM	@ \$0.61/KM		ACCOMMODATION	MEALS	MISC. ITEMS	(INCL. TAXES)
	TOTAL INCLUDING TAXES								
TAXES ELIGIBLE FOR ITC (OFFICE USE ONLY)									
							LESS ADVANCES RECEIVED		
PROJECT	ACTIVITY COST CODE		G/L ACCOU		JNT	T AMOUNT		NET OWED TO LAW SOCIETY	
							NET BALANCE C		
			+						
I CERTIFY THAT THE ABOVE IS A CORRECT STATEMENT OF MY EXPENSI SIGNATURE				DATE					DATE:
CIONATONE				DAIL					DAIE.