



# EXPENSE REPORT

|                                  |   |
|----------------------------------|---|
| <b>REIMBURSEMENT PAYABLE TO:</b> | <b>EXPENSES INCURRED FROM:</b>  |
| <b>EXPENSES INCURRED BY:</b>     | <b>TO:</b>  |
| <b>ADDRESS OF PAYEE:</b>         | <b>PLEASE SEE RELEVANT POLICIES AND/OR PROCEDURES FOR CLAIMING EXPENSES<br/>AMOUNTS CLAIMED MUST BE SUPPORTED BY ORIGINAL DETAILED RECEIPTS</b> |
|                                  |   |

| DATE OF EXPENSE                                 | REASON FOR EXPENSE | # of KM | KILOMETRAGE<br>@ \$0.50/KM | TRAVEL<br>(INCL. PARKING) | ACCOMMODATION | MEALS &<br>ENTERTAINMENT | MISC. ITEMS | TOTAL<br>(INCL. TAXES) |
|---|--------------------|---------|----------------------------|---------------------------|---------------|--------------------------|-------------|------------------------|
|   |                    |         |                            |                           |               |                          |             |                        |
|   |                    |         |                            |                           |               |                          |             |                        |
|   |                    |         |                            |                           |               |                          |             |                        |
|   |                    |         |                            |                           |               |                          |             |                        |
|   |                    |         |                            |                           |               |                          |             |                        |
|   |                    |         |                            |                           |               |                          |             |                        |
|   |                    |         |                            |                           |               |                          |             |                        |
|   |                    |         |                            |                           |               |                          |             |                        |
|   |                    |         |                            |                           |               |                          |             |                        |
|   |                    |         |                            |                           |               |                          |             |                        |
|   |                    |         |                            |                           |               |                          |             |                        |
|   |                    |         |                            |                           |               |                          |             |                        |
|   |                    |         |                            |                           |               |                          |             |                        |
|   |                    |         |                            |                           |               |                          |             |                        |
| <b>TOTAL INCLUDING TAXES</b>                    |                    |         |                            |                           |               |                          |             |                        |
| <b>TAXES ELIGIBLE FOR ITC (OFFICE USE ONLY)</b> |                    |         |                            |                           |               |                          |             |                        |

| PROJECT | ACTIVITY | COST CODE | G/L ACCOUNT | AMOUNT | LESS ADVANCES RECEIVED         |  |
|---------|----------|-----------|-------------|--------|--------------------------------|--|
|         |          |           |             |        | <b>NET OWED TO LAW SOCIETY</b> |  |
|         |          |           |             |        | <b>NET BALANCE CLAIMED</b>     |  |
|         |          |           |             |        |                                |  |
|         |          |           |             |        |                                |  |
|         |          |           |             |        |                                |  |

**I CERTIFY THAT THE ABOVE IS A CORRECT STATEMENT OF MY EXPENSES INCURRED IN PERFORMING LAW SOCIETY BUSINESS**

|                  |             |                 |              |
|------------------|-------------|-----------------|--------------|
| <b>SIGNATURE</b> | <b>DATE</b> | <b>APPROVED</b> | <b>DATE:</b> |
|                  |             |                 |              |