

**REIMBURSEMENT OF EXPENSE FORM**

(To be submitted to Accounting Department)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ School/Dept. \_\_\_\_\_

Purpose of Expenditure \_\_\_\_\_

**Travel Expenditures**

**Mileage:** From \_\_\_\_\_ to \_\_\_\_\_

Total KM \_\_\_\_\_ X \$0.\_\_\_\_\_/km \_\_\_\_\_

Regular mileage rate @ \$0.55/km

When car pool opportunities exist: Full Rate (3 or more) @ \$0.55/km

(List passenger(s) below please) ½ Rate (2 in vehicle) @ \$0.275/km

¼ Rate (1 in vehicle) @ \$0.1375/km

Passenger(s): \_\_\_\_\_

**Accommodation:** (choose one)

Hotel/Motel (attach receipts) OR Private Residence @ \$50.00/night \_\_\_\_\_

**Meals:**

Breakfast \$15.00 X \_\_\_\_\_ = \_\_\_\_\_

Lunch \$20.00 X \_\_\_\_\_ = \_\_\_\_\_

Supper \$25.00 X \_\_\_\_\_ = \_\_\_\_\_ Subtotal Meals: \_\_\_\_\_

**Other Purchases:** (specify and attach receipts)

\_\_\_\_\_ GST

\_\_\_\_\_ GST

**TOTAL EXPENSE REIMBURSEMENT:** \$ \_\_\_\_\_ GST

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Authorized Supervisor/Position Date

G.L. Account Number \_\_\_\_\_