

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 @ \$0.47/km

When car pool opportunities exist: Full Rate (3 or more) @ \$0.47/km

(List passenger(s) below please) ½ Rate (2 in vehicle) @ \$0.235/km

¼ Rate (1 in vehicle) @ \$0.1175/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)

TOTAL EXPENSE REIMBURSEMENT: \$ _____

Signature of Applicant _____ Date _____

Signature of Authorized Supervisor/Position _____ Date _____

G.L. Account Number _____