Employee Name:	John Doe				
Employee #:	342990				
Department #:	871201				
Home Campus:	Frost				

Date (DD/MM/YY)	Acct #	Dept #	Purpose/Explanation/Location	Outside Ontario?	Breakfast	Lunch	Dinner	Other	TOTAL EXPENSE	GL EXPENSE	KM	KM @ \$0.40	GL EXPENSE	KM Acct #
15/06/2015	53105	871201	Hotel Best Western - ETC Conference in Toronto(original receipt attached)(related to Personal Development - 53105		\$12.00	\$23.00	\$23.00		\$58.00	\$53.42		\$0.00	\$0.00	PD - 53105
15/06/2015	53105	871201	ETC Conference Registration (Original receipt attached)- (related to Personal Development - 53105)					\$125.00	\$125.00	\$115.12		\$0.00	\$0.00	PD - 53105
16/06/2015	53102	871201	Academic Upgrating Team Meeting at Sutherland Campus (intercampus travel 53102)						\$0.00	\$0.00	120	\$48.00	\$43.93	Inter - 53102
17/06/2015	53101	871201	Meeting with KPRDSB representatives (work related miles for work related meetings 53101)						\$0.00	\$0.00	145	\$58.00	\$53.08	Other - 53101
18/06/2015	53101	871201	Hotel Best Western - Meeting Ministry of Education in Toronto (work purposes charges goes under Travel and Accommodations 53101)					\$185.00	\$185.00	\$170.38		\$0.00	\$0.00	Other - 53101
									\$0.00	\$0.00		\$0.00	\$0.00	
									\$0.00	\$0.00		\$0.00	\$0.00	
									\$0.00	\$0.00		\$0.00	\$0.00	
									\$0.00	\$0.00		\$0.00	\$0.00	
									\$0.00	\$0.00		\$0.00	\$0.00	
									\$0.00	\$0.00		\$0.00	\$0.00	
									\$0.00	\$0.00		\$0.00	\$0.00	
									\$0.00	\$0.00		\$0.00	\$0.00	
									\$0.00	\$0.00		\$0.00	\$0.00	
								TOTALS	\$368.00		265	\$106.00		
Managerial Discretion was required (ELT Signature required below) less advance								ss advance						

Statement policy for the College. It is understood and age any loss of or damage to my own vehicle howsoever cause	d on College business and do not represent a duplication of any other correed that I shall maintain in effect automobile insurance in accordance ed. The personal information on this form is collected under the autho ses and other legally authorized administrative purposes within the Col	with the laws of the Province of Ontario and this policy will have a lin rity of the Ontario Colleges of Applied Arts and Technology Act, 2002.	nit of Third Party Liability not less than \$1,000,000. In addition,
Employee Signature:	Budget Manager Signature:	ELT Signature:	
Employee Name Printed: John Doe	Budget Manager Name Printed:	ELT Name Printed:	<u>Ac</u> 1
Date: <u>19-Jun-15</u>	Date:	Date:	1 variou

## **Expense Statement**

Shaded areas are to be completed by Employee

For maximum meal reimbursement permitted , please see "Meal Rates" worksheet

less advance

Total amount to be reimbursed:

requirements of the Expense ition, I shall be responsible for ection of Privacy Act, it will be

PLEASE Keep Accounting up-to-date on banking changes ~ Expense statement reimbursements are directly deposited to your bank account separate from payroll



## \$474.00

Accounting Distribution				
<u>Account</u>	<u>Amount</u>			
11530	38.07			
11513	0.00			
rious (above)	<u>435.93</u>			
Total	474.00			