

Out of District Travel Advance/Expense Report



Note: Advance cheques are processed bi-weekly. Documentation must reach Accounting by 12:00pm Tuesday to be included.

Name _____ Department _____

Departure Date _____ Time _____ a.m. p.m.

Return Date _____ Time _____ a.m. p.m.

Destination _____ Purpose _____

	ADVANCE	EXPENSE	HST
Mileage _____ <input type="checkbox"/> 52¢ per km (effective July 1, 2008)	_____	_____	_____

Airfare or other _____

Ground Transportation or Parking _____

Meal Allowance

_____ Breakfasts @ 10.00 = _____			
_____ Lunches @ 15.00 = _____			
_____ Dinners @ 25.00 = _____			
_____ Incidentals @ 10.00 = _____	_____	_____	_____

Deduct Complimentary Meals Received

_____ @ 10.00 + _____ @ 15.00 + _____ @ 25.00 = (_____) (_____) (_____)

Accommodation

_____ Nights @ _____

Other Expenses

ADVANCE TOTAL \$ _____ (_____) (_____)

AMOUNT DUE (REFUNDABLE) \$ _____ \$ _____

<u>Approvals</u>	<u>Advance</u>	<u>Expense</u>
Traveler _____	_____	_____
Supervisor _____	_____	_____
Account Code _____	- - - - -	- - - - -

Mailing Instructions: Name _____ Department _____

Internal Mail Pick Up Other (please indicate): _____ Vendor No. _____

Copies: Advances – 2 copies to Accounting, retain 1 copy
Expenses – 1 copy to Accounting, retain 1 copy