

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	GST
Mileage _____ <input type="checkbox"/> 54¢ per km (effective Jan 1, 2016)	_____	_____	_____
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)		\$ _____	\$ _____

Approvals	Advance	Expense
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