

Out-of-District Travel Advance/Expense Report



Note: Advance cheques are processed bi-weekly. Documentation must reach Accounting by 12:00 pm 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"/> 72¢ per km (effective Jan 1, 2025)	_____	_____	_____

Airfare or other _____	_____	_____	_____
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Ground Transportation or Parking	_____	_____	_____
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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) \$ _____ \$ _____

	Advance	Expense	Approved Out-of-District Travel Application Form Included
Traveler (signature) _____	_____	_____	<input type="checkbox"/>
Supervisor (signature) _____	_____	_____	<input type="checkbox"/>
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