

Signing Authority Signature

Policy and Procedure Manual

Form F1 - Expense Report

Name:		
Email:		
Email: (Please fill with e-transfer email/p	hone number.)	
Date:		
Description	Budget Line	Amount
	Total:	
		l
Recipient Signature:		
For office use only		
Amount Approved:		
Method of Reimbursement		
Reference/Cheque Number:		