**EXPENSE REIMBURSEMENT CLAIM FORM**

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| **EMPLOYEE DETAILS** | |
| **Expense Application Date:** |  |
| **Employee Name:** |  |
| **Employment Status:** |  |
| **Team Leader Name:** |  |
| **Department:** |  |

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| **STANDARD EXPENSE REQUEST – TEAM LEADER APPROVAL REQUIRED** | | | |
| *All expense claims for $250, or less, require only Team Leader approval.*  *Invoices or receipts must be attached for each expense reimbursement item claimed* | | | |
| **DATE** | **DESCRIPTION** | **GL Code** | **Amount** |
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|  |  | **TOTAL:** |  |

***Note:*** *Mileage reimbursement for personal car = $0.78 / km. Pedometer readings will also be required for claim of fuel costs in private vehicles.*

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| **ACKNOWLEDGEMENT** | |
| **Employee Signature:** |  |

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| **APPROVALS** | |
| **Team Leader Name:** |  |
| **Team Leader Signature:** |  |
| **Date:** |  |
| **Approved Form - sent to Finance:** | **YES  NO DATE:** |

*Remember to attach all receipts or proof of payments*

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| **NON-STANDARD EXPENSE REQUEST – TEAM LEADER & EXECUTIVE COMMITTEE APPROVAL REQUIRED** | | | |
| *All expense claims for $250, or less, require only Team Leader approval.*  *Invoices or receipts must be attached for each expense reimbursement item claimed* | | | |
| **DATE** | **DESCRIPTION** | **GL Code** | **Amount** |
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|  |  | **TOTAL:** |  |

***Note:*** *Mileage reimbursement for personal car = $0.78 / km. Pedometer readings will also be required for claim of fuel costs in private vehicles.*

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| **ACKNOWLEDGEMENT** | |
| **Employee Signature:** |  |

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| **APPROVALS** | |
| **Team Leader Name:** |  |
| **Team Leader Signature:** |  |
| **Executive Committee Name:** |  |
| **Executive Committee Signature:** |  |
| **Date:** |  |
| **Approved Form sent to Finance:** | **YES  NO DATE:** |

*Remember to attach all receipts or proof of payments*