



**National Expense Claim Form**

Direct to: \_\_\_\_\_

Dept: \_\_\_\_\_

From: \_\_\_\_\_

Activity: \_\_\_\_\_

Address: \_\_\_\_\_

Date(s): \_\_\_\_\_

\_\_\_\_\_

Time: \_\_\_\_\_

\_\_\_\_\_

Place: \_\_\_\_\_

Other information: \_\_\_\_\_

**Expenses claimed for (attach receipts):**

**For Office Use Only**

Travel By:	\$Amount:	GST/HST	G.L. Account #
Air _____	_____	_____	_____
Train _____	_____	_____	_____
Bus _____	_____	_____	_____
Car - KM _____ or Miles _____	_____	_____	_____
Taxi _____	_____	_____	_____
Parking _____	_____	_____	_____
Accommodation _____	_____	_____	_____
Meals _____	_____	_____	_____
Family Care Assistance _____	_____	_____	_____
Phone/Fax _____	_____	_____	_____
Postage _____	_____	_____	_____
Other _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total	\$ _____	\$ _____	_____

Accounting for a previous advance	
I received an advance of	_____
less expenses claimed above	_____
Advance not spent	_____

Request for an advance of:	_____	By (date) _____
Required for _____		

\_\_\_\_\_  
(Claimant Signature)

\_\_\_\_\_  
(Date)

**For Office Use Only**

Manager's approval: \_\_\_\_\_

G.L period processed to: \_\_\_\_\_

Reviewed by Accounting Supervisor: \_\_\_\_\_