

## **Employee Travel & Related Expenses**

NOTE: This form is to be used ONLY for travel and related expenses.

All other expenses are to go on the form titled "Miscellaneous Expenses"

RECEIPTS (IF APPLICABLE) MUST BE ATTACHED TO THE BACK OF THIS SHEET - STAPLE TOP LEFT CORNER

Month:

Expense Sheet # **Program (If Applicable): Description (& Person transported)** Portion of Eligible **Portion of** Claimed **Meals/Fees** Total Mileage Reimbursement Meals/Fees Where Name (s) Mileage Date Mileage for Meals/Fees Donated Claimed Donated Total KMs (@ \$0.47/KM) \$0.47 \$0.47 \$0.47 Subtotal Total Less Total Donated **Total Reimbursed** 

Supervisor Signature

Name:

Supervisor Signature (if required)

Employee Signature\*

\*By signing this form, along with verifying the information above, I verify that my licence and insurance are current and meet ASC requirements.

Binder(s)	Human Resources				Page:	1 of 1
Section(s):	Benefits	А	Apr 1/17			
Program Area(s):						