

**REIMBURSEMENT OF EXPENSE FORM**

(To be submitted to Accounting Department)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ School/Dept. \_\_\_\_\_

Purpose of Expenditure \_\_\_\_\_

**Travel Expenditures**

**Travel Dates:** From \_\_\_\_\_ to \_\_\_\_\_

**Travel Mileage:** \_\_\_\_\_ X \_\_\_\_\_ /km \_\_\_\_\_

Note: Regular mileage rate: \_\_\_\_\_ /km  
 When car pool opportunities exist: Full Rate (3 or more) - \_\_\_\_\_ /km  
 (List passenger(s) below please) 1/2 Rate (2 in vehicle) - \_\_\_\_\_ /km  
 1/4 Rate (1 in vehicle) - \_\_\_\_\_ /km

Passenger(s): \_\_\_\_\_

**Accommodation:** (choose one)

Hotel/Motel (attach receipts) OR Private Residence \$25.00/night \_\_\_\_\_

**Meals:**

Breakfast X \_\_\_\_\_  
 Lunch X \_\_\_\_\_  
 Supper X \_\_\_\_\_

**Other Purchases:** (specify and attach receipts)

\_\_\_\_\_  
 \_\_\_\_\_

**TOTAL EXPENSE REIMBURSEMENT:**

\_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Signature of Authorized Supervisor/Position \_\_\_\_\_ Date \_\_\_\_\_

G.L. Account Number \_\_\_\_\_