



Expense Claim

Name: _____

Mailing Address: _____

Purpose: _____

Please attach any receipts (*travel related, purchases, etc.*)

TRAVEL:	Airfare: _____	\$ _____
	Mileage: _____ (based on gov't rate)	\$ _____
	Other: _____	\$ _____
ACCOMMODATIONS:	Hotel _____ days x \$ _____	\$ _____
MEALS:	In Province (daily maximum \$30.00) x _____ days	\$ _____
	Out of Province (daily maximum \$50.00) x _____ days	\$ _____
TAXI/SHUTTLE:	_____	\$ _____
OTHER: (<i>please specify</i>)	_____	\$ _____
	SUBTOTAL	\$ _____
	LESS <i>advance received against expense</i>	\$ _____
	TOTAL	\$ _____

OTHER: (<i>please provide details</i>) _____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

I hereby certify that I expended the amount indicated, that the account is true and correct in all respects, and that the expenditure was incurred in carrying out the business of the Prince Edward Island Occupational Therapy Society.

Signature: _____

Date: _____

For Office Use Only: Date Paid: _____ Cheque #: _____ Authorization: _____