

## EXPENSE CLAIM FORM - EXEC- DINERS

DATE July 6, 2016

VENDOR/STAFF#  
(as applicable) [REDACTED]

NAME  
(Claimant/Payee)

Valerie Kapay

Position

VP, HR

FIRST

MIDDLE

LAST

Permanent Mailing Address:

Itinerary and Purpose of Travel/Expense: seminar attending in Calgary (June 1/16)

Rcpt no.	Date	Expense Type	GL Acct	Fund	Cost Centre	Activity Type	Activity Code	Sub-activity Code	Activity Locn	Description	NET Amount	GST Amount	Total Amount
1	06/01/2016	Travel-General (Pres,VP)	3101	2100	853020	800				Parking	\$ 20.00		\$ 20.00
2		Travel-General (BOG)	3102	2100									\$ -
3			#N/A	2100									\$ -
4			#N/A	2100									\$ -
5			#N/A	2100									\$ -
6			#N/A	2100									\$ -
7			#N/A	2100									\$ -
8			#N/A	2100									\$ -
9			#N/A	2100									\$ -
10			#N/A	2100									\$ -
11			#N/A	2100									\$ -
<b>Total Expenses : A</b>													<b>20.00</b>

GL Code Summary										
GL	Expense Type	Cost Centre	Fund	Activity Type	Activity Code	Sub-activity Code	Activity Location	NET Amount	GST	Total Amount
3101	Travel-General (Pres,VP)	853020	2100	800				20.00	-	20.00
3102	Travel-General (BOG)	853020	2100	800				-	-	-
3105	Travel-Accommodation	853020	2100	800				-	-	-
3106	Travel-Meals	853020	2100	800				-	-	-
3107	Travel-Incidentals	853020	2100	800				-	-	-
3610	Hosting	853020	2100	800				-	-	-
3611	Hosting (Alcohol)	853020	2100	800				-	-	-
6132	Travel Advance	853020	2100	800				-	-	-
	Other1	853020	2100	800				-	-	-
	Other2	853020	2100	800				-	-	-
	Other3	853020	2100	800				-	-	-
<b>Total</b>										<b>20.00</b>

Travel Advance	B		
Balance Due to Claimant	A-B	\$	20.00

If Travel Advance exceeds expenses and the Centre is to be reimbursed, please attach top copy of cheque or the cash posting to this claim.

Return to Requestor (RTR)		Mail to Claimant	
Requestor Name (if RTR)			
Requestor Dept (if RTR)			
Prepared by (if not claimant)			