



Expense Claim Form
(For all staff and board payments)

Name: _____

Mailing Address: _____

Reason for Expense: _____

Date of Expense: _____

Travel From: _____ To: _____

To KMs = _____ x \$0.58 per KM = \$ _____

Return KMs = _____ x \$0.58 per KM = \$ _____

Accommodations (attach receipts) \$ _____

Meals # of _____ Breakfast X \$15.00 \$ _____

Meals # of _____ Lunch X \$20.00 \$ _____

Meals # of _____ Supper X \$25.00 \$ _____

Daily Incidental # of _____ X \$5.00 \$ _____

Applicable when away for 6 hours or more in a single day.
 Note times and days, if applicable.

Other \$ _____

Note details; attach receipts.

Signature: _____ TOTAL \$ _____

Office Use Only

- Board members designated as signing authorities provide three specific risk management evaluations of accounts:
1. To review supporting financial documentation (invoices/forms/etc.) to ensure each expense transaction is valid, e.g.:
 - a. Invoice amounts match payment amounts
 - b. Cheques are used in sequential order and none are missing
 2. To provide an authorized signature for all cheques (policy requires one board and one staff)
 3. To provide an authorized signature for all cover vouchers (expense/revenue/transfers/etc.)

Account: _____

Cheque Stub Attached:
Payment Receipt Attached:
Other:

Authorization #1: _____

Authorization #2: _____

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