

Honoraria and Non-Employee Expense Claim Form

Claimant's name:	
Email Address: (to receive e-transfer)	
Meeting/event:	

TRAVEL		GL #:	(\$0.61 per km)		
Date	From	To	Airfare	Kilometres	Amount
TRAVEL SUBTOTAL					

ACCOMMODATION		GL #:	(Receipt required; maximum \$310.00)	
Date(s)	Venue(s)			Amount
ACCOMMODATION SUBTOTAL				

MEALS		GL #:	(Breakfast \$15, lunch \$20, dinner \$35)		
Type of Meal	Per Meal	Number of Meals	Amount		
Breakfast	\$15				
Lunch	\$20				
Dinner	\$35				
MEALS SUBTOTAL					

OVERHEAD/OPERATIONAL			
Expense Category	Expense Description	Amount	GL #
Administration			
Equipment			
Honorarium (including investigation, reports, etc.) See Policy for amounts			
Office supplies			
Maintenance or repairs			
Parking			
Other (please specify)			
OVERHEAD/OPERATIONAL SUBTOTAL			

TOTAL AMOUNT CLAIMED	
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I hereby certify that all expenses were incurred on College business and the amounts claimed have not previously been paid to me or on my behalf.

Claimant's signature: _____ Date: _____

For Office Use Only	
Approved by: _____	Date reimbursed: _____
Cheque no. _____	Amount paid: \$ _____