



EXAMINER/EXECUTIVE EXPENSE REPORT

EXAMINER/EXECUTIVE MEMBER: \_\_\_\_\_

DATE(S): \_\_\_\_\_

PURPOSE OF TRIP: \_\_\_\_\_

<b>TRAVEL:</b>	Airfare (attach copy of ticket)	\$ _____	
	Airfare ( attach copy of ticket)	\$ _____	
	Travel Insurance	\$ _____	
	Taxi Fare(s)	\$ _____	
	Car Rental	\$ _____	
	Gas for care rental	\$ _____	
	Use of personal car _____ km x \$0.40	\$ _____	
	<b>TOTAL COST OF TRAVEL</b>		\$ _____

<b>HOTEL:</b>	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
	<b>TOTAL COST OF HOTEL(S)</b>		\$ _____

<b>MEALS:</b>	(attach receipts)	\$ _____	
		\$ _____	
		\$ _____	
	<b>TOTAL COST OF MEALS</b>		\$ _____

<b>MISCELLANEOUS EXPENSES:</b>	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
	<b>TOTAL MISCELLANEOUS EXPENSES</b>		\$ _____

<b>TOTAL TRIP EXPENSES</b>		\$ _____
<b>SUBTRACT AMOIUNT OF ADVANCE (IF ANY)</b>		\$ _____

**TOTAL REIMBURSEMENT REQUESTED:** \$ \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE REMEMBER TO ATTACH ALL RECEIPTS**

For Office Use Only:		
Date Received: _____	Cheque No: _____	Amount: _____