

Board Member Expense Form

Name:	
Signature:	Date:

Expense Details						
Date:	Type of Expense:	Account:	Description:	Subtotal:	GST:	Total:
Total Cost:						

FOR OFFICE USE ONLY

Budget Details			
PO#	Fund	DeptID	Location
	10	1000	999
Signing Authority Name & Title:		Signature:	Date:

Additional Information:

1. Hosting expenses require identification of the date, purpose of the event, and the name of all people in attendance (use notes section below).
2. Detailed itemized receipts are required. Non-detailed credit card transaction receipts are not accepted as they do not provide details of the purchase.
3. Personal vehicle use is reimbursed at \$0.48/KM driven.
4. If project and analysis codes are required, please add them to the description line.

Notes

Attendees				