

Finance & Decision Support

# **CLAIM FORM** (FOR BUSINESS AND EDUCATION TRAVEL)

<b>NAME</b>	<b>RESIDENTIAL ADDRESS</b>
<b>EMPLOYEE #</b>	
<b>Covering Period Of (YY/MM/DD) TO (YY/MM/DD)</b>	
<b>WORK NUMBER</b>	

**Details on Travel – Purpose, City, Convention, Seminar, Other, Name of Association Sponsoring Program**

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<b>Expenses:</b>	<b>AMOUNT</b>
Hotel.....	\$ _____
Airfare .....	_____
Car Rental.....	_____
Registration .....	_____
Meals .....	_____
Mileage (# of km _____ * car allowance) .....	_____
Taxi.....	_____
Other (Specify).....	_____
<b>Total Expenses</b>	<b>\$ _____</b>
Less:	
CASH ADVANCES received or REIMBURSEMENT	_____
(i.e. hotel, airfare, mileage etc.)	
	<b>\$ _____</b>
Balance due to Claimant (Capital Health):	<b>\$ _____</b>

**\*ALL AMOUNTS ARE TO BE EXPRESSED IN CANADIAN DOLLARS**

<p><b><u>EMPLOYEE VERIFICATION:</u></b></p> <p>I CERTIFY THAT THE AMOUNTS INCLUDED IN THIS CLAIM WERE INCURRED ON AUTHORIZED HOSPITAL BUSINESS</p> <p><b>SIGNATURE:</b> _____</p> <p><b>DEPARTMENT NAME:</b> _____</p> <p><b>DEPT/SAP NUMBER #:</b> _____</p> <p><b>DATE: (YY/MM/DD)</b> _____</p>	<p><b><u>APPROVED BY IMMEDIATE SUPERVISOR (TRAVEL OUTSIDE CAPITAL DISTRICT REQUIRES VP APPROVAL)</u></b></p> <p>I CERTIFY THAT THE SERVICES HAVE BEEN PERFORMED AND THAT THE AMOUNTS CLAIMED ARE REASONABLE.</p> <p><b>SIGNATURE:</b> _____</p> <p><b>DATE: (YY/MM/DD)</b> _____</p>
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**INSTRUCTIONS TO EMPLOYEE.**

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| <ol style="list-style-type: none"> <li>1. Complete Report Within 15 Business Days of Travel.</li> <li>2. <b>Attach ORIGINAL Receipts for All Expenses.</b></li> <li>3. No Photocopies, Credit Card Statements Or Interact Slips Are Permissible as Receipts.</li> </ol> | <ol style="list-style-type: none"> <li>4. Sign, Date, &amp; Indicate Functional Centre to be Charged</li> <li>5. Have Report Approved by Dept. Mgr./Dir./VP/CEO.</li> </ol> |
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Finance Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: FOR PROCESSING &/OR REIMBURSEMENT, ACCURATELY COMPLETE FORM AND FOLLOW ALL INSTRUCTIONS.**