



Expense Claim Form

Employee Name: _____
 Employee Signature: _____
 Date: _____

Dep. Head Name: _____
 Dep. Head Signature: _____
 Date: _____

if Research Grant expense claim - must be approved and signed by the Dean

Date	Description of Expenditures (Please attach original receipts)	GST Paid	Total	Budget Line/Expense Account
TOTAL		\$ -	\$ -	

Please submit completed form and receipts to Sarah Wilson or Bev Penner