ST. THOMAS MORE COLLEGE
Expense Claim Form

Name : _____ **Department :** _____

Date	Description of Expenditure (ATTACH RECEIPTS)	GST Paid	Total	Account #	Amount	GST Rebate
		$	$	$	$	
					TOTAL CLAIM:	$

Signature:

Claimant : _____

Date : _____

Approved:

Dept. Head: _____

Date : _____

For Office Use Only

Vendor # :	_____		_____
Amount Claimed $:	_____	*Authorized by:*	_____
GST Paid/Rebate:	_____	*Cheque #:*	_____
Net Amount Claimed:	_____	*Date:*	_____