ST. THOMAS MORE COLLEGE
Travel Expense Statement

Name : _____ Department : _____

Purpose : _____ Travel Date(s) : _____

Date	Description of Expenditure (ATTACH RECEIPTS)	Hotel (Before GST)	Transportation (Before GST)	Meals & Entertainment (Before GST)	Conference Fees (Before GST)	Other (Before GST)	Fuel (Before GST)	Mileage (# of km @ $0.4203)	GST Paid	TOTAL
		$	$	$	$	$	$	$	$	$
									TOTAL CLAIM:	$

Signature:

Claimant : _____

Date : _____

Approved:

Dept. Head or Dean : _____

Date : _____

For Office Use Only

Vendor # : _____

Invoice # : _____

Amount Claim _____

Invoice Date : _____

Authorized Bus. Office : _____

GST Paid/GST Rebate : _____ / _____

GST Account # : _____

Reference : _____

Net Amount Claimed : _____

Account # : _____