ST. THOMAS MORE COLLEGE
UNIVERSITY OF SASKATCHEWAN

Expense Claim Form

Employee Name:		**Dep. Head Name:**	
Employee Signature:		**Dep. Head Signature:**	
Date:		**Date:**	

Date	Description of Expenditures (PLEASE ATTACH ALL ORIGINAL RECEIPTS)	GST Paid	Total	Account#	Amount	GST Rebate
Expense Claim Information - For Employee				For Office Use Only		
TOTAL		$ -	$ -		$ -	$ -

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