PAYABLE TO :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name/Business)

FORWARD TO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Address or School)

**ITEMIZED EXPENSES:**  **Attach receipts for all expenses (including dependent care claims) by stapling to**

 **top left-hand corner.(on the back)**

(This does not include mileage. For mileage, please complete a Mileage Expense Form)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Date of expense****dd/mm/yy** | **Budget** **Line** | **Details** **of the Expenditure** | **$****Amount** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
|  |  |  |  **TOTAL CLAIM (A)**  |  |
|  | **Date of expense****dd/mm/yy** | **Meeting** | **1 dependent X $25.00 / # other dependents X $20.00****To a maximum of $65.00 [enter total in line (B)]** |  |
| 1 |  |  |  |  |
|  |  |  | **TOTAL CLAIM FOR DEPENDENT CARE (B)** |  |
|  |  |  | **NET CLAIM** **(A + B)**  |  |

CLAIMANT’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For office use only**

Amount Requested by the Claimant

|  |  |
| --- | --- |
| $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Cheque #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Note**: Expense claims should be submitted to the Local Treasurer **within 30 days of purchase**.

 Cheques will be processed upon return to the office and then mailed or couriered to claimants.