

MEDICINE HAT COLLEGE TRAVEL CLAIM – APPENDIX A



CLAIMANT

Name: Test Test
Address:

MEETING/CONFERENCE

Name: Test
Location: Sample

DAYS INVOLVED [3.25]

Departure date Mar 2 2016 1:30PM
Return date Mar 5 2016 7:30PM

EXPENSES

Meals**

	Days	Rate	Total
Breakfast	0 @	\$10.00	= \$0.00
Lunch	0 @	\$12.00	= \$0.00
Dinner	0 @	\$22.00	= \$0.00
Full Per diem	0 @	\$44.00	= \$0.00
Overnight incidental	0 @	\$10.00	= \$0.00
Hospitality Allowance	0 @	\$20.00	= \$0.00
Conference Cost			\$0.00
Hotel (attach invoice)			\$0.00
Miscellaneous			\$0.00
			\$0.00
			\$0.00

FOR OFFICE USE ONLY

Amount	GST

TRANSPORTATION

Own Car	KM @ 0.44/KM	\$0.00
College Car	(Attach gas receipts)	\$0.00
Rental Car	(Attach invoice & gas receipts)	\$0.00
Air Fare	(Attach Air Line Tickets or Invoice)	\$0.00
Taxi, buses, parking, road tolls	(Less than \$10 receipt is not required)	\$0.00

CND \$0.00
USD \$0.00 *\$1.00/CND

INVOICE TOTAL

TOTAL EXPENSE \$0.00
Less - Advance (if applicable) -\$0.00
NET CLAIM DUE (Repayable) \$0.00

FOR OFFICE USE ONLY	VENDOR NUMBER			CONTROL
GL CODE	AMOUNT	GST	TOTAL	03 - 10554

Written Signatures

Request By

Department Code

Department Signatures
(If Necessary Signature)

Finance:

Electronic Signatures

Active Directory

** Meal claims cannot be submitted before travel is undertaken.