

Expenses Reimbursement Form

Note: All bills must be attached for expenses claimed and should be in date wise order. Prior authorization is required from the office for all expenses above \$50.

Form No.	Office Use Only	Total	CAD	USD
GST:	CAD	Less: Cash Advance/ Dash Cash	CAD	USD
Amount:	CAD	Date:	Exchange Rate	1.00
Mode:	No.	Grand Total (CAD)	CAD	CAD

Start Here 

Date Submitted: _____ **Unit No.** _____

Employee ID: _____ **Employee Name:** _____

Expense Details					
Date	Bill No.	Vendor	Description	CAD	USD
			1		
			2		
			3		
			4		
			5		
			6		
			7		
			8		
			9		
			10		
** USE REVERSE SIDE **			Total/ Carry Forward		

Signature: _____

ERF-1
Last Updated 08-06-2020

Date	Bill No.	Vendor	Description	CAD	USD
*****			Brought Forward		
			11		
			12		
			13		
			14		
			15		
			16		
			17		
			18		
			19		
			20		
			21		
			22		
			23		
			24		
			25		
			26		
			27		
			28		
			29		
** END OF FORM **			Total		

Signature: