



Expense Report (Please also fill in the details on the reverse side)

Name: _____ Address: _____

Essential Purpose/Committee/Council: _____ Meeting Location: _____ Meeting Attended: _____

Item	Date				Resource				EP/Cost Obj/Activity				Total Amount	HST (For Financial Services Use Only)		
1. Mileage (KM)					For Staff Use Only											
\$0.53/KM Allowance																
2. Accommodation																
3. Meals																
4. Air Fare/ Rail Fare																
5. Bus/Car Rental/Taxi																
6. Parking																
7.																
8																
9.																
10. HST Recoverable					2	4	2	9	0	0	0	0	0	0	0	
Total Expenses (\$)																
Less Advances	Receipts for Hotel, Transportation, etc, must be attached															
Net Expenses																

Date Submitted: _____ Signature: _____ Approved by: _____ Date Approved: _____

For PEO Financial Services Use Only:

Due Date (M/D/Y) Terms Code Reference#
 Vendor # Voucher #
 Batch# Bank Code

Checked by _____ Approved by _____ Entered by _____ Date of Entry _____

The personal information on this form is protected by PEO's Privacy Policy. The immediate purpose for collecting this information is primarily to reimburse volunteers for their expenses. For more information, see PEO's Privacy Policy at www.peo.on.ca or contact PEO's Privacy Office at (416) 224-1100.

Expense Details

Transport

Date	From	To	Mode of Transport	Purpose

Meals/Beverage

Date	Attendees	Location	Purpose

Other

Date	Item		Purpose