

# GSU EXPENSE CLAIM

NAME: _____	SIN #: _____	DEPARTURE TIME & DATE FROM RESIDENCE: _____	ARRIVAL TIME & DATE AT DESTINATION: _____
ADDRESS: _____	CLASSIF.: _____ LEVEL: _____	DEPARTURE TIME & DATE FROM DESTINATION: _____	ARRIVAL TIME & DATE AT RESIDENCE: _____
_____	DATE: _____		
_____			

DATE:	PARTICULARS:	SALARY:	TRAVEL TIME:	DAY OF REST:	TOTAL SALARY:	TRAVEL:	MEALS: B: \$15.60 L: \$14.85 D: \$40.85	PER DIEM: \$17.30	HOTEL / PRIVATE ACCOM. :	OTHER: (specify)	TOTAL:
		___ hrs@ ___	___ hrs@ ___								
		___ hrs@ ___	___ hrs@ ___								
		___ hrs@ ___	___ hrs@ ___								
		___ hrs@ ___	___ hrs@ ___								
		___ hrs@ ___	___ hrs@ ___								
		___ hrs@ ___	___ hrs@ ___								
		___ hrs@ ___	___ hrs@ ___								
		___ hrs@ ___	___ hrs@ ___								
		___ hrs@ ___	___ hrs@ ___								
		___ hrs@ ___	___ hrs@ ___								
<b>TOTALS:</b>											

### OFFICE USE ONLY

NOTES / PURPOSE OF CLAIM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LESS ADVANCE:	EMPLOYER SHARE	LESS ADVANCE:
C.P.P.:	E.I.:	AIRFARE:
E.I.:	C.P.P.:	CREDIT CARD USE:
TAX:	E.H.T.:	BALANCE:
NET SALARY:	TOTAL:	

\_\_\_\_\_  
CLAIMANT SIGNATURE

\_\_\_\_\_  
SIGNATURE FOR APPROVAL

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
CHEQUE #: