

**Expense Report
Reimbursement Form**

Date 12/11/09
DD MM YY
Report # EX087616

Claimant's Name: (please print) Shirley Valentine
Address: 1234 Lover's Lane
Montreal, QC

FILL ALL THIS IN

Employee ID# 1234567
E-Mail Address s.valentine@alcove.com
Internal Address S-LV-269
Internal Phone # 5141
Professional Development PO# _____

Itinerary:(if applicable) _____

— DON'T FILL THESE IN —

Date	Description (Type of Expenditure*)	Fund/Orgn	Account code <small>see reverse</small>	Activity # (Optional) <small>see reverse</small>	P.D.A. PO# (if applicable)	Other Currency (specify)	Exchange Rate	Canadian Currency	Tax Code
Oct. 31, 2009	Books	HC9991	12300					\$26.12	
Nov. 4, 2009	Course on international travel	HC9991	70951			\$45.00 USD	1.042	\$46.89	
Nov 5-7, 2009	Per-diem x 3 days in USA	HC9991	709PD			\$138.75 USD	1.042	\$144.58	
<p>YOUR UNIQUE BUDGET CODE, GIVEN TO YOU SOON AFTER APPROVAL OF ACTIVITY.</p> <p>SOME CODES CAN BE FOUND ON THE BACK OF THIS FORM. IF NOT KNOWN, LEAVE BLANK.</p> <p>READ OFF CREDIT CARD BILL</p>									

Claimant's Signature: S Valentine
Approval Signature: _____
Approval: (printed) _____
Department Name: _____

SIGN
LEAVE BLANK

TOTAL \$217.59

Less Advance(s) _____
Less Prepaid Air / Train Fare _____
Amount due to Claimant** _____
Amount Due to Concordia*** < _____ >

PLEASE DO THE MATH.

* Please attach all receipts.
** Payments to Claimants will be made by Direct Deposit.
*** For payments due to Concordia, please attach a cheque payable to Concordia University.