Expense Claim

Employee Name: _____ **Department:** _____

Period from: _____, 2____ **To:** _____, 2____

Date	Description	Purchased At	GST	Receipt Total
TOTAL				**$**

Notes & attachments (out-of-pocket business expenses must have receipts attached):

_____

_____

_____

_____

_____

_____

Pay Period Type: _____ Weekly (7 days) _____ Bi-weekly (14 days) _____ Semi-monthly (15/16 days) _____ Monthly (30/31 days)

_____ _____ _____ _____

Employee signature Date paid Total $ paid Cheq #

Addventive Academy