



Expense Report Reimbursement Form

Date 12/11/09
Report # EX087616

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

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

FILL ALL THIS IN
— DON'T FILL THESE IN —

Itinerary: (if applicable) _____

Date	Description (Type of Expenditure*)	Fund/Orgn	Account code	Activity # (Optional)	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	

YOUR UNIQUE BUDGET CODE, GIVEN TO YOU SOON AFTER APPROVAL OF ACTIVITY.

SOME CODES CAN BE FOUND ON THE BACK OF THIS FORM. IF NOT KNOWN, LEAVE BLANK.

READ OFF CREDIT CARD BILL

Claimant's Signature: [Signature]
Approval Signature: _____
Approval: (printed) M.K
Department Name: CUPEU/HR

SIGN
[Redacted]

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.