

KEYANO COLLEGE TRAVEL AND HOSPITALITY EXPENSE FORM

Claimant's Name: Tracy Boyde	Employee Number: 3465	Employee's Department: Infrastructure
-------------------------------------	------------------------------	--

Purpose of Expense and/or Destination of Travel: Phone Usage Reimbursement



TRAVEL EXPENSES: ORIGINAL RECEIPTS SHOWING BREAKDOWN OF EXPENSES MUST BE SUBMITTED. AIRLINE TICKETS MUST BE ATTACHED

Date	Business Name Issuing Receipt	Type of Expense (Drop down menu)	Description Text	RECEIPT TOTAL (before GST & Gratuity)	GST	GRATUITY (Maximum=15%)	RECEIPT TOTAL	Department Code	Cost Centre	Sub-Cost Centre	Other Coding
31-August-22			Claiming Data Usage for Personal Cell Phone for month	42.50			42.50	1000500	54120		
			(Claiming data usage provision for business use of personal cell phone. No Keyano cell phone is assigned to T. Boyde)				-				
							-				
							-				
							-				
							-				
							-				
							-				
							-				
							-				
							-				
							-				
							-				
							-				
							-				
							-				
							-				
							-				
							-				
							-				
							-				
Total Business Expenses				42.50	-	-	42.50				

MEAL AND MILEAGE EXPENSES: * Per Diem Meals = \$12/Breakfast, \$15/lunch, \$23/Dinner, \$10/Per Diem Incidentals (incidentals if trip is > 3 days). Mileage = \$.55 per kilometer (Up to 5,000km)

Date	Location	Type of Expense	Type of Per Diem (Choose from drop-down menu)	BREAKFAST	LUNCH	DINNER	INCIDENTALS	DAILY TOTAL	Department Code	Cost Centre	Sub-Cost Centre	Other Coding
		Per Diems		-	-	-	-	-				
		Per Diems		-	-	-	-	-				
		Per Diems		-	-	-	-	-				
		Per Diems		-	-	-	-	-				
		Per Diems		-	-	-	-	-				
		Per Diems		-	-	-	-	-				
		Per Diems		-	-	-	-	-				
		MILAGE FROM:	MILAGE TO:	NUMBER OF KILOMETRES			0.55	-				
		MILAGE FROM:	MILAGE TO:	NUMBER OF KILOMETRES			0.55	-				
		MILAGE FROM:	MILAGE TO:	NUMBER OF KILOMETRES			0.55	-				
		MILAGE FROM:	MILAGE TO:	NUMBER OF KILOMETRES			0.55	-				
		CAR ALLOWANCE	CAR ALLOWANCE									
		MILAGE FROM:	MILAGE FROM:	NUMBER OF KILOMETRES			0.26	-				

I certify that these expenses were incurred by me in the course of carrying out business on behalf of Keyano College, and that the declarations accurately reflect expenses that comply with Keyano College's travel policy and hospitality policy.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Total Claim Before Advance</td> <td align="right">-</td> </tr> <tr> <td>Travel Advance (if Applicable)</td> <td></td> </tr> <tr> <td>Total Claim</td> <td align="right">42.50</td> </tr> </table>	Total Claim Before Advance	-	Travel Advance (if Applicable)		Total Claim	42.50
Total Claim Before Advance	-						
Travel Advance (if Applicable)							
Total Claim	42.50						

CLAIMANT'S SIGNATURE 	DATE: 08/31/2022	APPROVER'S SIGNATURE 	DATE: 09/16/2022
--	----------------------------	--	----------------------------

1) If cheque is to be mailed please provide complete mailing address:	APPROVER'S NAME (PRINT) Jay Notay, President & CEO
--	--