KEYANO COLLEGE TRAVEL AND HOSPITALITY EXPENSE FORM

Claimant's	s Name:	Trany Paydo			Employee Number:					Employee's Department:				
	<u>'</u>	racy Boyde				3465				Infrastructure				
Purpose of Expense and/or Destination of Travel: Phone Usage Reimbursement														
				(PENSES MUST BE SUBMITTED. AIRI	INE TICKETS MI	IST BE ATTACH	IFD							
			Type of			RECEIPT								
Doto	Duringer	Name Incides Desciet	Expense	Description Tout		TOTAL (before	GST	GRATUITY	RECEIPT TOTAL	Donartment Code	Cost Centre	Sub-Cost	Other	
Date	business	Name Issuing Receipt	(Drop down menu)	Description Text		GST & Gratuity)	931	(Maximum=15%)	TOTAL	Department Code	Cost Certife	Centre	Coding	
12/31/2022	Claiming Data Usage		Claiming Data Usage for Personal Cell Phon	e for month	42.50			42.50	1000500	54120				
				(Claiming data usage provision for business	use of norsenal									
				cell phone. No Keyano cell phone is assigne					-					
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				Total B	usiness Expenses	42.50	-	-	42.50					
					•									
	MFΔ	I AND MILEAGE EXPENSES:	* Per Diem Meal	s = \$12/Breakfast, \$15/lunch, \$23/Dinr	ner \$10/Per Diem	Incidentals (inc	identals if tri	in is > 3 days) Mile	eage = \$ 55 ner k	ilometer (Un to	5,000km)			
	MILAL AND MILLAGE LAFENGES.		Type of	Type of Per Diem		molacinals (me	acintaio ii tii	lp 10 × 0 days). Illin	cage – 4.00 pci ii	(Op to	, 0,000 mm	Sub-Cost	Other	
Date		Location	Expense	(Choose from drop-down menu)	BREAKFAST	LUNCH	DINNER	INCIDENTALS	DAILY TOTAL	Department Code	Cost Centre	Centre	Coding	
			Per Diems Per Diems		-	-	-	-	-					
			Per Diems		-	-	-	-	-					
			Per Diems		-	-	-	-	-					
			Per Diems		-	-	-	-	-					
	MILAGE FROM:		Per Diems MILAGE TO:		- NUMBER OF KII	OMETRES	-	0.55	-					
	MILAGE FROM:		MILAGE TO:		NUMBER OF KIL			0.55	<u> </u>					
	MILAGE FROM:		MILAGE TO:		NUMBER OF KIL			0.55	-					
	MILAGE FROM: CAR ALLOWANCE		MILAGE TO: CAR ALLOWANCE		NUMBER OF KIL	OMETRES		0.55	-					
	MILAGE FROM:		MILAGE FROM:		NUMBER OF KIL	OMETRES		0.26	-					
I certify that these expenses were incurred by me in the course of carrying out business on behalf of Keyano Co the declarations accurately reflect expenses that comply with Keyano College's travel policy and hospitality polic					ollege and that		Total Claim	Before Advance	-					
					CV.		Travel Adv	ance (if Applicable)						
					-,.			Total Claim	42.50					
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CLAIMANT'S SIGNATURE					DATE:			APPROVER'S S	IGNATURE	_	DATE:			
7/13/14					12/21/2022									
/ //						12/31/2022				Moi	01/17	01/17/2023		
1) If cheque is to be mailed please provide complete mailing address:								APPROVER'S NAME (PRINT)						
									. ,		/			
							L. N. C. D. C. L. C. O. C.							
J									Jay Notay, President & CEO					