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														
Type of RECEIPT SHOWING BREAKDOWN OF EXPENSES WOST BE SUBMITTED. AIRLINE TICKETS WOST BE ATTACHED														
			Expense			TOTAL (before		GRATUITY	RECEIPT			Sub-Cost	Other	
Date	Rusiness	Name Issuing Receipt	(Drop down menu)	Description Text		GST & Gratuity)	GST	(Maximum=15%)	TOTAL	Department Code	Cost Centre	Centre	Coding	
Date	Dusiness	Traine issuing receipt	(Biop dominiona)	Description Text		oor a oratally)	001	(IVIAXIIIIUIII-1370)	TOTAL	Dopartinont Code	Occi Contro	Contro	Coung	
31-October-22				Claiming Data Usage for Personal Cell Phon	e for month	42.50			42.50	1000500	54120			
0. 00.000. 22				enaming back obage for responds centrion	ic for monen	.2.00			12.00		01120			
					ing data usage provision for business use of personal									
				cell phone. No Keyano cell phone is assigne	ed to T. Boyde)				-					
									-					
									-					
									-					
									-					
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									-					
									-					
									-					
									-					
									-					
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									-					
				Total B	usiness Expenses	42.50	-	-	42.50					
					·									
	MEA	AL AND MILEAGE EXPENSES:	* Per Diem Meal	s = \$12/Breakfast, \$15/lunch, \$23/Dini	ner, \$10/Per Diem	Incidentals (inc	identals if tr	ip is > 3 days). Mile	eage = \$.55 per k	dilometer (Up to	5,000km)			
			Type of	Type of Per Diem								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		-	1	-	-	•					
			Per Diems		-	-	-	-	-					
			Per Diems		-	-	-	-	-					
			Per Diems		-	-	-	-	-					
			Per Diems		-	-	-	-	•					
			Per Diems		-	-	-	-						
	MILAGE FROM:		MILAGE TO:		NUMBER OF KIL	OMETRES		0.55	-					
	MILAGE FROM:		MILAGE TO:		NUMBER OF KIL			0.55	-					
	MILAGE FROM:		MILAGE TO:		NUMBER OF KIL			0.55	-					
	MILAGE FROM:		MILAGE TO:		NUMBER OF KIL			0.55	-					
	CAR ALLOWANCE		CAR ALLOWANCE											
	MILAGE FROM:		MILAGE FROM:		NUMBER OF KIL	LOMETRES		0.26						
							Total Claim	Before Advance	_					
I certify that these expenses were incurred by me in the course of carrying out business on behalf of Keyano Co					ollege, and that		!	ance (if Applicable)						
the declarati	ons accurately re	eflect expenses that comply w	ith Keyano Coll	ege's travel policy and hospitality poli	icy.		Traver Auv						-	
								Total Claim	42.50					
CLAIMANT'S SIGNATURE					DATE:			APPROVER'S S	IGNATURE		DATE:			
										9				
					10/31/2	022			100	200		Nov 1.:	2022	
		Y V			10/01/2	· · · · · · · · · · · · · · · · · · ·			/ www	- Cherry				
1) If cheau	e is to be maile	d please provide complete r	nailing address	·	I			APPROVER'S N	AME (PRINT)	/				
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										,				
								Jay Notay, President & CEO						