

# INTERNAL REIMBURSEMENT FORM

**PLEASE USE ONE FORM PER FUNCTION**

UNIT # 333- \_\_\_\_\_

FUNCTION: \_\_\_\_\_

FUNCTION DATE(S): \_\_\_\_\_

**\*\* ALL RECEIPTS MUST ACCOMPANY THIS FORM \*\***

**TRAVEL: Automobile:**

Total Kilometers \_\_\_\_\_ X \$ 0.48 \$ \_\_\_\_\_

**PARKING (with receipts)** \_\_\_\_\_

**TTC** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**PER DIEM:** \_\_\_\_\_ days @ \$ 15.00 . . . . . \_\_\_\_\_

\_\_\_\_\_ days @ \$ 20.00 . . . . . \_\_\_\_\_

\_\_\_\_\_ days @ \$ 30.00 (Negotiations, Arbitrations, Conventions,  
Conferences, Seminars/Education) \_\_\_\_\_

\_\_\_\_\_ days @ \$ 75.00 (Authorized Overnight Accommodation) \_\_\_\_\_

**ACCOMMODATION (List Date/s with Receipts)** \_\_\_\_\_

**OTHER (Specify w/ Receipt/s)** \_\_\_\_\_

TOTAL AMOUNT PAYABLE \$

It is important to complete all information noted above along with your full address to ensure prompt and correct payment.

Kindly submit to the below noted address or send by fax with required receipts.

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHONE NO.:** \_\_\_\_\_

