

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.: _____

