

**DEPARTMENT OF SURGERY
EXPENSE REPORT - MCMASTER EMPLOYEES**



EMPLOYEE NAME:

EMAIL ADDRESS:

DATE OF EVENT:

PURPOSE:

LOCATION:

ACCOUNT: FUND - ACCOUNT - DEPARTMENT - PROGRAM -OR- PROJECT

AMOUNT:

SIGNATURE OF CLAIMANT:

SIGNATURE OF APPROVER:

EXPENSE TYPE	RECEIPT REQUIREMENT Please attach original receipts	AMOUNT
CONFERENCE REGISTRATION	<input type="checkbox"/> REGISTRATION FORM	
	<input type="checkbox"/> CREDIT CARD STATEMENT IF ITEMIZED RECEIPT DOES NOT SHOW PAYMENT OR CURRENCY EXCHANGE	
AIRFARE	<input type="checkbox"/> FLIGHT ITINERARY SHOWING FLIGHT AND PMT	
	<input type="checkbox"/> BOARDING PASSES	
	<input type="checkbox"/> CREDIT CARD STATEMENT IF ITEMIZED RECEIPT DOES NOT SHOW PAYMENT OR CURRENCY EXCHANGE	
	<input type="checkbox"/> BAGGAGE FEES	
HOTEL	<input type="checkbox"/> ORIGINAL HOTEL INVOICE WITH ZERO BALANCE	
	<input type="checkbox"/> ORIGINAL ITEMIZED RECEIPTS FOR MEALS AT THE HOTEL	
	<input type="checkbox"/> CREDIT CARD STATEMENT IF ITEMIZED RECEIPT DOES NOT SHOW PAYMENT OR CURRENCY EXCHANGE	

TRAVEL BY PERSONAL CAR	<input type="checkbox"/>	GOOGLE MAP SHOWING ORIGIN AND DESTINATION & MILEAGE CLAIMED (X2 IF RETURN) \$0.55/km for first 5000km (2015)	
	<input type="checkbox"/>	ORIGINAL PARKING RECEIPTS	
TRAVEL BY RENTAL CAR	<input type="checkbox"/>	ORIGINAL ITEMIZED RECEIPT FOR CAR RENTAL	
	<input type="checkbox"/>	ORIGINAL ITEMIZED RECEIPT FOR GAS	
	<input type="checkbox"/>	ORIGINAL PARKING RECEIPTS	
PUBLIC TRANSPORTATION TRAIN/BUS/TAXI/LIMO	<input type="checkbox"/>	ORIGINAL ITEMIZED RECEIPTS	
	<input type="checkbox"/>	CREDIT CARD STATEMENT IF ITEMIZED RECEIPT DOES NOT SHOW PAYMENT OR CURRENCY EXCHANGE	
	<input type="checkbox"/>	MISSING RECEIPT FORM FOR CITY TRANSPORT	
MEALS	<input type="checkbox"/>	ORIGINAL ITEMIZED RECEIPTS CREDIT CARD RECEIPT ALONE IS NOT ENOUGH	
OTHER	<input type="checkbox"/>	PLEASE SPECIFY	

TOTAL

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IF ANY OF THE ORIGINAL ITEMIZED RECEIPTS ARE NOT PROVIDED, PLEASE FILL AND SIGN
THE MISSING RECEIPT AUTHORIZATION

NOTES: