**Reimbursable Expenses Claim Template**

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| --- | --- | --- | --- |
| Employee name: |  | Title: |  |

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| --- |
| **Reason for claim:***Description of the claim and why it was necessary for the First Nation’s business.**Declare any third-party funding / reimbursements received for this activity.* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Receipt No.** | **Date** | **Description** | **Type of expense** | **Amount** | **Exchange rate** | **CAD amount** |
|  *1, 2* | *Sep 1* | *Return flight to Toronto Aug 7-9* | *Airfare* |  *$500.00* | *-* | *$500.00* |
|  |  |  | *Taxi* |  |  |  |
|  |  |  | *Hotel* |  |  |  |
|  |  |  | *Per diem / incidentals* |  |  |  |
|  |  |  | *Membership* |  |  |  |
|  |  |  | *Etc.*  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total Claimed:** | **$****[XXX.XX]** |
| **Less: travel advance (if applicable)** | **$[XXX.XX]** |
| **Total to be reimbursed:** | **$[XXX.XX]** |

***I certify that the above statements are true and that false claims are grounds for dismissal.***

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| --- | --- | --- | --- |
| Employee signature: |  | Date: |  |
| Approval signature: |  | Date: |  |