#### Sample Reimbursable Expenses Claim Template

**Employee name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 as a result of this activity.*

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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* | *-* | *$500.00* |
|  |  |  | *Taxi* |  |  |  |
|  |  |  | *Hotel* |  |  |  |
|  |  |  | *Per diem / incidentals* |  |  |  |
|  |  |  | *Membership* |  |  |  |
|  |  |  | *Etc.* |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total Claimed:** | | | | xxx.xx |  | **$xxx.xx** |
| **Less: travel advance (if applicable)** | | | | | | **($xxx.xx)** |
| **Total to be reimbursed:** | | | | | | **$xxx.xx** |

**Employee signature: Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approval signature: Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**