

## Professional Expenses Claim Form: Sessionals

Payable to: (Surname) \_\_\_\_\_ (Initials) \_\_\_\_\_

Approved Amount: \_\_\_\_\_ Academic Year: July 1 \_\_\_\_\_ to June 30 \_\_\_\_\_

Approved by (Dean): \_\_\_\_\_ Date: \_\_\_\_\_

Category	Date	Details	Amount (CAD)
Membership Fees			
Subscriptions			
Equipment/Supplies			
Conference Fees			

Category	Date	Details	Amount (CAD)
Travel Expenses			
Other (Itemize)			

**ORIGINAL RECEIPTS MUST BE ATTACHED.**

Itemize all expense in Canadian Dollars.

Total                     

PLEASE SUBMIT TO THE DEAN FOR APPROVAL.

REIMBURSEMENT SEMI-ANNUALLY. CLAIMS TO BE SUBMITTED BY JUNE 30 AND DECEMBER 31.

Submitted by: \_\_\_\_\_

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

ACCOUNTING OFFICE USE ONLY			
G/L ACCOUNT NUMBER	AMOUNT	REFERENCE	DATE
		PROF EXP-SESS	
		PROF EXP-SESS	
Voucher Number: _____		Accounts Approval: _____	