

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
(A) Membership Fees			
(B) Subscriptions			
(C) Equipment/Supplies			
(D) Conference Fees			
(E) Travel Expenses			
(F) Other (Itemize)			

**** ORIGINAL RECEIPTS MUST BE ATTACHED ****

**** Itemize all expenses in Canadian Dollars ****

Total \$ _____

Submitted by: _____ Date: _____

PLEASE SUBMIT TO THE DEAN
 REIMBURSEMENT SEMI-ANNUALLY. CLAIMS TO BE SUBMITTED BY JUNE 30 & DECEMBER 31

ACCOUNTING OFFICE USE ONLY			
G/L ACCOUNT #	AMOUNT	REFERENCE	DATE
		PROF EXP-SESS	
		PROF EXP-SESS	
<p>Voucher # _____ Authorized Approval _____</p>			