

FISCAL YEAR

EMPLOYEE REIMBURSEMENT FORM (NON-TRAVEL)

CLAIM NUMBER

MAILING ADDRESS POSITION TITLE CLAIMANT'S HQ'S POSTAL CODE VENDOR NUMBER ADDRESS	DATE DD-MMM-YYYY	ITEM DESCRIPTION	BUSINESS PURPOSE		COST (Excluding HST)	HST
	POSTAL CODE					
MAILING ADDRESS POSITION TITLE CLAIMANT'S HQ'S			VENDOR NUMBER	ADI	DRESS	
	MAILING ADDRESS		POSITION TITLE	CLA	IMANT'S HQ'S	
CLAIMANT DEPARTMENT DIVISION	CLAIMANT		DEPARTMENT		ISION	

DD-MMM-YYYY	TIEW DESCRIPTION	DUSINESS I UKI USE	(Excluding HST)	1151
POST AUDIT	CLAIM TOTAL	COLUMN TOTALS		

TEAR ALONG THIS DOTTED LINE IF MORE THAN ONE SHEET REQUIRED

	PAYMENT													
I CERTIFY THAT THE WHOLE OF THE	AMOUNT													
EXPENSES INCURRED BY ME WERE FOR GOVERNMENT BUSINESS AND ARE IN		СО		R C		ACAT		ACEL		LOBJ		DTC		F USE
ACCORDANCE WITH PURCHASING RULES		HST	-	9950	-	701	-	9901	-	4060	-	00000	•	0000
PRESCRIBED BY GOVERNMENT PURCHASING AGENCY		01	-		-		-		-		-		-	0000
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CLAIMANT'S SIGNATURE DATE		01	-		-		-		-		-		-	0000
		01	-		-		-		-		-		-	0000
APPROVED AND CERTIFIED BY:		-	K T(OTA	L P	PAYM	EN	T AM	JU	JNT				
	CLAIM VEI	RIFIED	BY:			ACCOUN	TSI	DIVISION				DATE		
SUPERVISOR/DEPARTMENT HEAD DATE	E CERTIFIED IN ACCORDANCE WITH SECTION 30 (1) AND 31 (1) OF THE FINANCIAL ADMINISTRATION ACT													
	APPROVED AND													
AUTHOR PAYM		RIZED F ENT BY	-			DEPUTY N DESI						DATE		

INSTRUCTIONS FOR COMPLETING NON-TRAVEL EXPENSE CLAIM

General

Expenses incurred while traveling which relate to the travel may be claimed on the Travel Claim form. The acquisition of goods and services shall be made in a manner and form prescribed by the Government Purchasing Agency, subject to the Public Tender Act. No payments shall be made unless the related expenditure can properly charged ultimately to an available appropriation.

Top of Form

Complete claimant information as noted on the form. Attach or reference applicable purchase order or purchase approval. Note fiscal year. Staple all documents in the upper left corner of the form.

HST

HST should be excluded from the applicable items listed in the columns for expenditure purposes. The total HST amount should be noted in the applicable column on updated "electronic" forms. Contact the Manager of Expenditure Control and Compliance Section, Office of the Comptroller General for additional information.

Receipts

Receipts for all claimed items must be attached. The absence of a receipt or other appropriate document for these expenses, places the onus on the claimant to produce other evidence of payment which may be recognized. Small receipts must be taped to a sheet of paper. Only one staple should be used in attaching supporting documents.

Document Number

Receipts should be numbered and the number should be inserted in the item description column corresponding to the amount on the claim to which the receipt refers.

Totals

All columns must be added and total entered.

Final Completion (Bottom of Form)

- Claimant must sign and date the certification in the space provided
- All claims must be verified, accounting distribution completed and signed accordingly in the space provided
- All claim forms must be signed and dated, signifying approval and certified as to compliance to policy by claimant's supervisor (or countersigned if claimant is a Minister/Deputy Minister)
- Certification is required per Section 30 (1) and 31 (1) of the Financial Administration Act (electronic approval in the Financial Management System is considered certification for this purpose).
- Forward the original form with attachments to the Government Accounting Division, Office of the Comptroller General.