



## **Out-of-Province Travel Expense Estimate and Claim Form**

- Employees must have appropriate authorization before travel occurs.
- Employees must have a vendor number to complete form.
- Claims for expenses will be submitted on-line after returning from travel.

SECTION A: EMPLOYEE DETAILS											
FIRST NAME	ST NAME MIDDLE NAME(S)					LAST NAME				EMPLOYEE NUMBER	
CURRENT MA	•						VENDOR NUMBER				
DEPARTMEN	DIVISION		SECTION			TRIP NUMBER					
SECTION B: TRAVEL DETAILS											
DESTINATIO			TRAVEL START DATE TRAVEL END DATE			ND DATE					
PURPOSE OF TRAVEL											
SECTION C: ESTIMATED/ACTUAL TRAVEL COSTS  CATEGORY ESTIMATE ACTUAL											
		ESTIMATE					ACTUAL				
AIRFARE											
LODGING											
MEALS  CROUND TRANSPORTATION (arresits)											
GROUND TRANSPORTATION (specify)											
CONFERENCE REGISTRATION  INCIDENTALS (OTHER											
INCIDENTALS/OTHER  TOTAL ESTIMATED/ACTIVAL TRAVEL COSTS											
TOTAL ESTIMATED/ACTUAL TRAVEL COSTS											
LESS: TOTAL PAID BY GOVERNMENT PCard/DIRECT BILLING  TOTAL REIMBURSED TO EMPLOYEE											
SECTION D: DETAILS OF EXPENSES INCURRED AND CLAIMED (attach additional sheet if required)											
DATE	DATE AIRFARE LODGING MEALS GROUND TRANSPORT OTHER							R NOTES/DESCRIPTION OF OTHER EXPENSES			
Total											
SECTION E: EMPLOYEE SIGNATURE (signed when submitting claim after travel has concluded)											
I CERTIFY THAT THE ABOVE ACCOUNT OF TRAVEL EXPENSES IS CORRECT IN ALL RESPECTS AND THAT ALL EXPENSES REPORTED WERE NECESSARILY INCURRED ON											
	GOVERNMENT					(SIGNATURE)				(DATE)	
SECTION F: APPROVED BY (approved after travel has concluded)											
			ioved aiter ti	avernas conclu	ueuj						
	ead/Minister										
Supervisor	r (as require	a)	(DDINT)				10	ICNATURE)		(DATE)	
(PRINT) (SIGNATURE)									(DATE)		