



TOWN POLICY

POLICY NUMBER: 1801-01

REFERENCE:
Council

ADOPTED BY:
Town Council
1 September 2010

PREPARED BY: Administration

DATE: 1 September 2010

TITLE: Expense Claim Forms

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1. Expense claims shall be submitted on the appropriate Expense Claim Form:
 - Personal Expense Reimbursement Claim Form
 - MasterCard Expense Form
 - Per Diem Claim Form
 - Mileage Expense Claim Form
2. Receipts for expenses shall be submitted with the appropriate Expense Claim Form, including airplane ticket copies, hotel statements, credit card receipts and receipts for other expenses where required by the policy.
3. Hotel statements which include meals or other expenses shall be broken down into the specific expense areas.
4. Entertainment expenses shall state the name of the persons entertained or purpose of the entertainment.
5. Mileage claims shall indicate the destination and purpose of the trip.

Town of Strathmore

Personal Expense Reimbursement Claim Form

Name: _____

Date	Details	Amount	Expense Account #
Total			

I certify that this claim is correct, complies with the policy of the Town of Strathmore and that all expenses were actually incurred on or for Town of Strathmore business.

Signature

Approved By

Do not report Master Card expenses on the same form as expenses to be reimbursed.

- When complete, please submit Personal Expense Claim forms to Accounts Payable for processing.

Approvals:

- Mayor to approve expenses for other the CAO.
 - CAO to approve expenses for the Directors.
 - Directors to approve expenses for any staff under their supervision
-
- Please refer to Policy #1801 for details on travel expenses.
 - Attach card slips and receipts for all expenses & provide an explanation for each.
 - Meals including gratuities may be claimed, subject to receipts being provided to the following maximum of \$75.00/day.

Town of Strathmore

MASTERCARD EXPENSE FORM

CARDHOLDER NAME: _____

Mastercard Purchase Date	Mastercard Expense Details	Amount	Expense Account #
Total			

I certify that this claim is correct, complies with the policy of the Town of Strathmore and that all expenses were actually incurred on or for Town of Strathmore business.

MASTERCARD CARDHOLDER SIGNATURE

 Approved By

*****Form is to be used for Town issued MasterCard Expenses only. If a personal credit card was used for a Town expense please use the Personal Expense Reimbursement Claim Form.***

- Do not report Master Card expenses on the same form as expenses to be reimbursed.
- When complete, please submit MasterCard Expense forms to the Payroll Department for processing.

Approvals:

- Mayor to approve expenses for other the CAO.
 - CAO to approve expenses for the Directors.
 - Directors to approve expenses for any staff under their supervision
-
- Please refer to Policy #1801 for details on travel expenses.
 - Attach card slips and receipts for all expenses & provide an explanation for each.
 - Meals including gratuities may be claimed, subject to receipts being provided to the following maximums of \$75.00/day.

**Town of Strathmore
Per Diem Claim Form**

Name: _____

Destination: _____

Purpose of the Trip: _____

Left at:	_____	_____
	Date	Time
Arrived Back At:	_____	_____
	Date	Time
Number of claimed Per Diem Period:	_____ x \$ _____	= \$ _____
Per Diem Rates:		
	• Staff (for each overnight) - \$25.00	

I certify that this claim is correct, complies with the policy of the Town of Strathmore and that all expenses were actually incurred on or for Town of Strathmore business.	
_____	_____
Signature	Date

Approved By/Date

<ul style="list-style-type: none">• Per Diems must be claimed within ten (10) days of returning from a trip.• The Per Diem Rate includes all costs related to laundry, dry cleaning, personal telephone calls, personal entertainment and miscellaneous personal expenses.• When complete, please submit to the Payroll Department for processing.• Please refer to Policy #1801 for full details. <p>Approvals:</p> <ul style="list-style-type: none">• Mayor to approve expenses for other the CAO.• CAO to approve expenses for the Directors.• Directors to approve expenses for any staff under their supervision
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**TOWN OF STRATHMORE
MILEAGE EXPENSE CLAIM**

DATE	ODOM. START	ODOM. FINISH	KM. PER DAY	DESTINATION/ PURPOSE OF TRIP	DATE	ODOM. START	ODOM. FINISH	KM. PER DAY	DESTINATION/PURPOSE OF TRIP
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16					Total Km. _____ @ _____/Km. = Amount Due \$ _____				
Name: _____					Reporting Month: _____, 20_____				
<i>I certify that this claim is correct, complies with the policy of the Town of Strathmore and that all expenses were actually incurred on or for Town of Strathmore business.</i>									
Signature: _____					Expense Account: _____				
Approved By: _____									

