



# TOWN PROCEDURE

**PROCEDURE NUMBER:**  
1806-01

---

**REFERENCE:**  
Council

**ADOPTED BY:**  
Town Council  
25 October 2010

---

**PREPARED BY:** Administration

**DATE:** 25 October 2010

---

**TITLE:** Expense Claim Forms

---

Page 1 of 8

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 #
<b>Total</b>			

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 Personal expenses to be reimbursed.
- When complete, please submit Personal Expense Claim forms to the Municipal Clerk who will code and forward them to Accounts Payable for processing.

**Approvals:**

- Mayor to approve expenses for other members of Council.
- Deputy Mayor to approve expenses for the Mayor.
  
- Please refer to Policy #1806 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 per person per day:
  - Breakfast - \$16.00
  - Lunch - \$22.00
  - Dinner - \$27.00

Town of Strathmore

**MASTERCARD EXPENSE FORM**

CARDHOLDER NAME: \_\_\_\_\_

Mastercard Purchase Date	Mastercard Expense Details	Amount	Expense Account #
<b>Total</b>			

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 Personal expenses to be reimbursed.

- When complete, please submit MasterCard Expense forms to the Municipal Clerk who will code them and submit them to the Payroll Department for processing.

**Approvals:**

- Mayor to approve expenses for other members of Council
- Deputy Mayor to approve expenses for the Mayor
  
- Please refer to Policy #1806 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 per person per day:
  - Breakfast - \$16.00
  - Lunch - \$22.00
  - Dinner - \$27.00

**Town of Strathmore**  
**Per Diem Claim Form**

Name: \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose of the Trip/Meeting: \_\_\_\_\_

Left at:	_____	_____
	Date	Time
Arrived Back At:	_____	_____
	Date	Time
Number of claimed Per Diem Period:	_____	x \$ _____ = \$ _____
Per Diem Rates:		
<ul style="list-style-type: none"><li>• Council half day (less than 4 hours) - \$100.00</li><li>• Council full day (more than 4 hours) - \$200.00</li></ul>		
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"><li>• Per Diems must be claimed within ten (10) days of returning from a trip or workshop.</li><li>• The Per Diem Rate includes all costs related to laundry, dry cleaning, personal telephone calls, personal entertainment and miscellaneous personal expenses.</li><li>• When complete, please submit to the Payroll Department for processing.</li><li>• Please refer to Policy #1806 for full details.</li></ul> <p><b>Approvals:</b></p> <ul style="list-style-type: none"><li>• Mayor to approve expenses for other members of Council.</li><li>• Deputy Mayor to approve expenses for the Mayor.</li></ul>
--



**TOWN OF STRATHMORE  
MILEAGE EXPENSE CLAIM**

Name: \_\_\_\_\_ Reporting Month: \_\_\_\_\_ 20\_\_\_\_\_

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					<b>Total Km.</b> _____ @ _____/Km. = Amount Due \$ _____				

*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: \_\_\_\_\_ Expense Account: \_\_\_\_\_

Approved By: \_\_\_\_\_



