Staff Expenses Claim Form

AC-FF-005

Use this form for all reimbursement claims including travel (not to be used for mileage), meetings and program-related expenses.

Name: _____ Employee No. _____

Month: _____ Program No. _____

EXPENSES

NOTE: RECEIPTS MUST BE PROVIDED

Date	Tolls	Parking	Shuttle/Taxi	Other	Purpose of Expense
TOTALS	0	0	0	0	
GRAND TOTAL				$ 0.00	

Employee Certification

I certify that this claim is correct, that the above expenses are reasonable and within my assigned duties, and are in accordance with current finance policies.

Signed _____

Date _____

Supervisor Certification

I certify that all expenses included on this claim form were necessary and authorized.

Signed _____

Date _____

ACCORD Corporation