Staff Reimbursement Claim Form

For Review Panel Members

QA
QUALITY ADVANCEMENT

INSTRUCTIONS

Please…

1. **Complete** Sections A and B.
2. **Attach** original GST receipts for all items claimed.
3. **Sign** Section C.
4. **Return** completed form and attachments to K.C. Worden, Quality Advancement Unit.

Note…

* Reimbursement will be made into the same bank account held for payroll purposes.
* Claims without receipts cannot be reimbursed.

SECTION A: STAFF IDENTIFICATION

Name: _____ Review:_____

Staff ID Number: _____

(The 6 digit number on the upper right of your staff ID card.)

SECTION B: EXPENSES BEING CLAIMED

Items Claimed (Include brief description and/or reason for expenditure)	**Receipt Date**	**Amount**
	Subtotal	**$**

Private Car Use for Review -- Destination & Purpose of Trip (will be reimbursed at the University's standard per/km rate unless agreed otherwise)	**Trip Date**	**Km Run**
	Total Km	

TOTAL REIMBURSEMENT	**$**

SECTION C:

_____ Date:_____

CLAIMANT SIGNATURE