ANGLICAN DIOCESE OF OTTAWA

EXPENSE CLAIM

NAME: _____

PERIOD: _____

INSTRUCTIONS: INPUT INFORMATION FROM RECEIPTS LINE BY LINE, INSERTING DATA INTO EACH APPROPRIATE CELL. EXCEL WILL SUM EACH LINE AND EACH COLUMN, AS THE DATA IS INPUT. WHEN INPUT IS COMPLETE, "FILE - SAVE AS....", THEN "FILE - PRINT"

DATE dd/mm/yy	PAYEE	MEALS	TRAVEL	HOTEL/ ACCOM	TEL./ COMM.	MISC.	TOTAL	DETAILS / COMMENTS	GST INCLUDED	FOR ACCT DEPT ONLY
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CLAIMANT'S SIGNATURE:_____ DATE:_____

APPROVAL SIGNATURE:_____ DATE:_____