



CLAIMANT	DEPARTMENT	DIVISION
MAILING ADDRESS	POSITION TITLE	CLAIMANT'S HQ'S
	VENDOR NUMBER	ADDRESS
	<input type="checkbox"/> MAIL CHEQUE / DIRECT DEPOSIT	
POSTAL CODE	<input type="checkbox"/> HOLD CHEQUE	

PURPOSE OF TRIP: _____

DATE DD-MMM-YYYY	PARTICULARS	Dep/Rtn TIME	MEALS	ACCOMMODATIONS	TRAVEL	PRIVATE VEHICLE	OTHER	HST
POST AUDIT	CLAIM TOTAL	COLUMN TOTALS						

----- TEAR ALONG THIS DOTTED LINE IF MORE THAN ONE SHEET REQUIRED -----

FOR ACCOUNTING USE ONLY

TOTAL AMOUNT OF CLAIM	>	1		PAYMENT AMOUNT	ACCOUNTING DISTRIBUTION						
STANDING TRAVEL ADVANCE (IF ANY)					CO	RC	ACAT	ACTY	LOBJ	DTC	F USE
LESS: CLAIM AMT APPLIED TO STA	>	2			HST	- 9950	- 701	- 9901	- 4060	- 0	- 0
LESS: TRIP ADVANCE (IF ANY)	>	3			1	-	-	-	-	-	0
JA _____					1	-	-	-	-	-	0
AMOUNT - PAYABLE TO CLAIMANT	>	4			1	-	-	-	-	-	0
AMOUNT - DUE TO GOVERNMENT	>	5			1	-	-	-	-	-	0
EXPENSES - NOT PAID BY CLAIMANT			REVENUE RECEIPT NUMBER		1	-	-	-	-	-	0
I CERTIFY THAT THE WHOLE OF THE EXPENSES INCURRED BY ME WERE ON GOVERNMENT BUSINESS AND ARE IN ACCORDANCE WITH TREASURY BOARD TRAVEL RULES				<	TOTAL PAYMENT AMOUNT						
CLAIMANT'S SIGNATURE _____ DATE _____				CLAIM VERIFIED BY:	_____ DATE _____ ACCOUNTS DIVISION						
APPROVED AND CERTIFIED BY:				CERTIFIED IN ACCORDANCE WITH SECTION 30 (1) AND 31 (1) OF THE FINANCIAL ADMINISTRATION ACT							
SUPERVISOR / DIVISIONAL HEAD _____ DATE _____				APPROVED AND AUTHORIZED FOR PAYMENT BY:	_____ DATE _____ DEPUTY MINISTER (OR DESIGNATE)						

INSTRUCTIONS FOR COMPLETING TRAVEL EXPENSES CLAIM

Top of Form

Complete claimant information as noted on the form. Attach or reference applicable journey authorization or trip approval. Note fiscal year. Staple all documents in the upper left corner of the form.

General

Claims for travel expenses should be submitted in accordance with the provisions of the Travel Rules issued by the Treasury Board/Cabinet. Copies of these rules are available from your Department.

Purpose of Trip

Describe briefly the purpose or nature of the trip (e.g. provincial co-ordinators meetings in Ottawa concerning "Accountability Policies").

Meals

Record the total per diem allowance of meals for each day. When the amount claimed is for less than a full calendar day, enter in the particular column which meals are claimed for the day.

Accommodation

Record in this column cost of rooms only, except when the type of accommodation is Board and Lodging. Enter in the particulars column the type of accommodation (e.g. hotel room, private accommodation, board and lodging, etc.).

Travel

Identify mode of travel in particulars column, but do not enter in this column travel by a privately owned vehicle.

Private Vehicle

Enter in this column the amount claimed for travel by a privately owned vehicle as per your Private Vehicle Usage Report (mileage claim).

Other

Show in this column any other travel expenses such as telephone calls and laundry and valet charges. Indicate in the particulars column the type of expenses claimed.

HST

HST should be excluded from the applicable above-noted columns for expenditure purposes. The total HST amount should be noted in the applicable column on updated "electronic" forms or noted separately under "Other." Pro-ration of inputted HST for per diems and mileage is required. Contact the Manager of Expenditure Control and Compliance Section, Office of the Comptroller General for additional information.

Receipts

The following expenses must be supported by original receipts, vouchers or other appropriate documents: (a) commercial transportation; (b) accommodation costs unless exempted by the Travel Rules; (c) car rentals; (d) telephone calls; (e) meals where receipts are required; and (f) other payments where it is reasonable to accept a receipt. Receipts should not be altered but amounts not allowed should be shown as deductions by the claimant on the receipt. The absence of a receipt or other appropriate document for these expenses places the onus on the claimant to produce other evidence of payment which may be recognized. Small receipts must be taped to a sheet of paper. Only one staple should be used in attaching supporting documents.

Document Number

Receipts should be numbered and the number should be inserted in the document number column corresponding to the amount on the claim to which the receipts refers.

Time of Departure/Return and Date

Note the applicable times and date in the applicable column.

Totals

All columns must be added, totals entered and cross added.

Reimbursement

There are two types of travel advances, a standing travel advance (S.T.A.) and trip advance (T.A.). The amount for each type of advance held should be entered in the appropriate space provided.

Indicate when:

- (a) a cheque is requested for the total amount of claim, or
- (b) total amount of claim is to be credited to advance; or
- (c) a cheque is requested for part of the claim and part is to be credited to advance.

Final Completion (Bottom of Form)

- Claimant must sign and date the certification in the space provided.
- All claims must be verified, accounting distribution completed and signed accordingly in the space provided.
- All claim forms must be signed and dated signifying approval and certified as to compliance to policy by claimant's supervisor (or countersigned if claimant is a Minister/Deputy Minister).
- Certification is required per Section 30 (1) and 31 (1) of the Financial Administration Act (electronic approval in the Financial Management System is considered certification for this purpose).
- Forward the original form with attachments to the Government Accounting Division, Office of the Comptroller General.