

DATE OF SURVEY:		<b>SURVEY EXPENSES</b> National Client Services <b>2010</b> West/North <b>Aboriginal Market</b> Please submit to: Finance	NAME:			
SURVEY (S) #			ADDRESS:			
ORGANIZATION (S) SURVEYED:			PHONE:		FAX:	
			E-MAIL:			

GST# (if applicable) -

PROFESSIONAL FEES / PREPARATION FEE	ACTUALS		TRANSPORTATION			MISCELLANEOUS
	Hotel Max of \$166/night	Meals Max of \$73/day	Mileage \$0.491/km	Airfare	Train / Rental Car / Parking / Taxi	
Team Member: \$204/day Team Leader: \$292/day						
# of days =					Train \$	Telephone \$
Rate =					Rental Car & Gas	Meeting Costs
TOTAL \$ =					Parking	Other (specify)
					Taxi	
Prep. Fee days =						
TOTAL \$ =						Used Personal Laptop \$100.00
						Yes: <input type="checkbox"/> Yes: <input type="checkbox"/>
\$ N/A TOTALS ABOVE	\$	\$	\$	\$	\$	\$
7503-10-1040 (Prof. Fee) 7507-10-1040 (Prep. Fee)	7502-10-1040		7501-10-1040	7504-10-1040	7505-10-1040	7506-10-1040 (Misc) 7508-10-1040 (Laptop Incentive)

<b>Preparation Fee Calculation:</b>  If survey is > 3 days (not including planning time built into survey) please claim 1 day (team member/team leader rate). If survey is <= 3days (not including planning time built into survey) please claim .5 day (team member/team leader rate).	<b>Explanatory Notes:</b>	<b>Total claimed</b>	\$
		<b>Revised total</b>	
		<b>Less advance</b>	
		<b>Balance</b>	

National Client Services	Finance
Received on ____ / ____ / ____	Survey (Invoice) # _____
Verified by _____	A/P Code _____
Date ____ / ____ / ____	Inv. Batch # _____ Entry # _____
Approved by _____	Invoice date ____ / ____ / ____ PP _____
Date ____ / ____ / ____	Processed by _____

Signature of claimant: \_\_\_\_\_

All Receipts must be provided. Missing receipts may delay reimbursement of your claim.