

Claim N°: _____

Expense Claim
Senate Administration Policies

GENERAL INFORMATION

Claimant: _____ Sector/Directorate: _____

TYPE OF EXPENSES

EXPENSE DESCRIPTION DETAILS / PURPOSE	DATE	COST
TOTAL		\$

Responsibility Center (RC) to be charged: _____

METHOD OF PAYMENT

- ☐ DIRECT DEPOSIT: ☐ Direct Deposit Form attached ☐ Direct deposit already exists
- ☐ CHEQUE PAYABLE TO: Name: _____ Address: _____
- ☐ PETTY CASH - In compliance with the [Petty Cash Policy](#)

AUTHORISATION

<p>CERTIFICATION</p> <p>I certify that the work has been performed, the goods supplied or the service rendered as the case may be, on _____, and that the price charge dis according to the contract, or if not specified by contract, is reasonable.</p> <div>_____ Claimant's signature</div> <div>_____ Date</div>	<p>APPROVED BY:</p> <div>Signature: _____ Date: _____</div> <p>APPROVED BY: (if part of the costs are being charged to a second RC)</p> <div>Signature: _____ Date: _____</div>
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FOR FINANCE’S USE ONLY

Vendor Code: _____ EV N°: _____

Authority	Responsibility Center	Line Object	Project Code	Reference N°	E/I	AMOUNT
					E	
					E	
					E	
					E	
					E	
34	000000	8171	0000	0000	E	
TOTAL						\$

Verified: _____	Approved for payment in accordance with the Senate policies and guidelines. Signature: _____ Date: _____
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(Please send to: Finance and Procurement Directorate, 40 Elgin Street, 11th floor, Ottawa, Ontario K1A 0A4)