St. Thomas University
Employee Reimbursement Form

Date:	Name:
Teach dept./Admin Unit:	Dept. account:

Purpose of travel or description of other expenses:

Travel Advance Requested? Yes Q No Q / Amount: $

Date	Location	Kms Driven	Expense Claimed	Auto Rental	Fares	Accommodation	Meals	Other Expenses	Total Claim
								Total GST $	
								Total Claimed	$

I certify that the above expenses have been incurred in carrying out activities as an employee of St. Thomas University.

Claimant's signature

Approval of Dept. chair / Unit manager

Date approved