

## PROVINCE OF PRINCE EDWARD ISLAND IN-PROVINCE TRAVEL EXPENSE CLAIM

**Note:** Amounts claimed in the **PAYROLL TAXABLE** sections are paid through **Payroll** and will have **Income Tax and other statutory amounts deducted**. Amounts claimed in the remaining sections are paid through **Accounts Payable**.

Retain Original Claim in Accounts Payable, Copy of claim (if applicable) to Payroll Office

NAME:	VENDOR NUMBER:
HOME ADDRESS:	EMPLOYEE NUMBER:
	DEPARTMENT:

Travel BEGIN DATE: Day/Month/Year:

Travel END DATE: Day/Month/Year:

NOTE: Claims for Other Expenses MUST be supported by Receipts		ACCOUNTS PAYABLE					PAYROLL TAXABLE FLAT RATE
DATE	DESTINATION & PURPOSE OF TRAVEL AND EXPLANATION OF OTHER EXPENSES AND TIME OF DEPARTURE FOR MEALS	KMS	OTHER Expenses	MEALS Breakfast/Dinner/Supper		SUB-TOTAL	
<u>FISCAL YEAR KM RECORD</u>		_____ kms @ _____ Per km _____ kms @ _____ Per km					Total for <b>PAYROLL</b>
This Claim: _____		TOTAL EXPENSES - THIS CLAIM					
Previous Claim: _____							
Total to Date: _____		AP Total					

I am aware that Insurance coverage on my vehicle against liability for bodily injury and property damage up to \$1 million is my responsibility and the Government insurance policy will only cover that portion of a claim in excess of \$1 million, if accident occurs on Government business.	GL Account Code(s)				AP	Payroll
	Section	Object	Program	Project	Amount	Amount
	01-					
	01-					
	01-					

**I certify that the above account of travel expenses is correct in all respects and that all expenses reported were necessarily incurred on official government business.**

_____ <b>(EMPLOYEE Signature)</b>  _____ <b>(Date)</b>	<b>APPROVED BY</b>  _____ <b>(Authorized Signature)</b>  _____ <b>(Date)</b>	Entered in Oracle FIS  _____ <b>(Signature &amp; Date)</b> Entered in Payroll  _____ <b>(Signature &amp; Date)</b>
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