WDM Expense Form

Name			**Notes:** please use the space below			
Date						
Purpose						
Date (Month/Day/Year)	**Number of KM**	**Description**	**Rate** (refer to per diem rates)	**Amount before GST**	**GST**	**Total**
				$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
			TOTAL Mileage	$0.00	$0.00	$0.00

Date (Month/Day/Year)	**Number of Meals**	**Meal Type**	**Amount** (refer to per diem rates)	**Amount before GST**	**GST**	**Total**
				$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
			TOTAL Meals	$0.00	$0.00	$0.00

Date (Month/Day/Year)	**Hotels (enter hotel description)**	**Amount before GST**	**GST**	**Total**
		$0.00		
		$0.00		
		$0.00		
		$0.00		
	TOTAL Hotels	$0.00	$0.00	$0.00

Date (Month/Day/Year)	**Other (enter description)**	**Amount before GST**	**GST**	**Total**
	TOTAL Other			
	GRAND TOTAL			$0.00

	GL Code	**Dept**	**Amount before GST**
Mileage			$0.00
Meals			$0.00
Hotels			$0.00
Other			

LESS DONATION - Please complete and sign if donating all or part of your expenses.

I wish to donate a portion of my expense claim to the WDM.					**GST**	
	Amount:				**Less Donation**	$0.00
				Amount Payable		$0.00

Employee Signature:	**Date:** (M/D/Y)	
Supervisor Signature:	**Verified by Admin:**	