



## Branch Expense Claim Form - Instructions

**Submit Branch Expense Claim Form with all approvals and supporting documentation within 30 days of purchases or prior to the end of the fiscal year, whichever is earlier.**

### Required Information

**NOTE:** *If completing the form electronically, do not complete the highlighted areas of the form. The spreadsheet will calculate these fields for you.  
If completing the form manually, fill in all fields with the information required.*

**Branch Name:** Enter the name of the branch for which the Branch Expense Claim Form is being completed

**Name:** Enter the name of the individual to whom the reimbursement cheque will be issued.

**Address & Telephone #:** Enter the complete mailing address and telephone number of the recipient.  
The cheque will be mailed to this address.

### For each item claimed on the Branch Expense Claim Form:

**Receipts** Itemized receipts for each purchase listed on the form must be attached when the form is submitted for processing. Receipts must include the following information:

- Date of transaction
- Vendor name
- Vendor GST/HST registration number
- Description of item
- Amount before tax, GST/HST, total amount paid

Where a credit card is used to pay for the item, the credit card receipt is not sufficient.

**Note:** The detailed receipt with the information noted above is required.

**Purchase Date:** Enter the date of purchase noted on the receipt in MM/DD/YY format.

**Description:** Enter a complete description for the purchase

**Amount before GST/HST:** Enter the amount of the purchase before GST/HST

**GST/HST:** Enter the amount of GST/HST included in the purchase price.

**Total** Do not enter an amount in this field. The total will be calculated automatically as the total amount of the purchase including GST/HST.

**Office Use Only: Account #:** Branch Treasurer to enter the financial account to which the amount should be coded. Refer to: Branch Procedure Manual, Appendix B: Branch Revenue and Expense Accounts Listing

**Signature & Date:** Date and signature of individual submitting the claim.

**Signature & Date of Approver:** Date and signature of approver



## Branch Expense Claim Form

*Note: Submit the Branch Expense Claim Form within 30 days of purchases or prior to the end of the fiscal year, whichever is earlier.*

**Branch Name:** CSHP Ontario Branch

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Number, Street, P.O. Box

City

Province

Postal Code

Telephone

Purchase Date (mm/dd/yy)	Description	Amount before GST/HST	GST/HST	Total	Office Use Account #
	Travel Grant 2017 - Fresenius Kabi			\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
<b>Totals</b>		\$ -	\$ -	-	

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
(mm/dd/yy):

**Date:** \_\_\_\_\_  
(mm/dd/yy):