

Expense (General/Travel) Claim for Non-OPS Employees (Individuals without an 8 Series WIN Number)

Notes

For guidance in completing this form refer to the Instructions sheet.

Only one cost centre per form. Where a tip/gratuity is included in the expense item being claimed, the gratuity/tip must be itemized separately.

Example: Receipt #1 for taxi: \$8.85 plus tax (13%) \$1.15 = \$10.00 plus tip \$1.00. Total receipt #1 = \$11.00

Expense item line 1: Taxi. Total Amount = 10.00, Tax Rate = 13%, Tax Amount = 1.15, Net Amount = 8.85

Expense item line 2: Tip. Total Amount = 1.00, Tax Rate = 0, Tax Amount = 0.00, Net Amount = 1.00

Meal Reimbursement. For meal expenses incurred within Canada and on or after January 1, 2017, ensure that the new tax rate of 11.1% is applied to the meal claims.

Example: Breakfast. Total Amount = 10.00, Tax Rate = 11.1%. Tax Amount = 1.00, Net Amount = 9.00

Personal information on this form is collected under the authority of the *Financial Administration Act*, Section 1.0.25 and will be used to assess, verify and monitor eligibility for payment. For information regarding the collection of this information, please contact the financial services unit in your organization where you submit this form.

Name of Payee (Last Name, First Name) <i>(Print Clearly)</i>	Telephone	Page of
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Ministry	Telephone ext.
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Ministry Contact (Last Name, First Name)	Telephone ext.
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Purpose of Trip and Nature of Expenses
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Date (DD/MM/YYYY)	Particulars Explain General Expense Items (Destination, time of departure, return, and mode of travel)	Account Code				Kilometres		Meals	Receipt Details			Rec. No.	
		Non- Reportable Items (533910)	T4A Reportable Items (533915)	T4A Reportable Remuneration (547920)	T4 Reportable PTPDA (533950)	S. Ont. Km's	N. Ont. Km's	Attendees (Number)	Total Amount	Tax (HST/GST)			Net Amount
										%	Amount		

This is to certify that the above expenses were incurred by me while on Government business.	Total Claim Amount ▶
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Signature of Payee <i>(Mandatory)</i>	Signature of Approving Official <i>(Mandatory)</i>
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Mailing Address <i>(Mandatory)</i>	Name of Approving Official (Last Name, First Name) <i>(Mandatory)</i> <i>(Print clearly)</i>
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City/Town	Province	Postal Code	Title
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Date Completed <i>(dd/mmm/yyyy)</i>	Telephone
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Method of payment <input type="checkbox"/> Cheque <input type="checkbox"/> EFT <i>(if first claim attach completed EFT form 33-5098E)</i>	Date Approved/Authorized <i>(dd/mmm/yyyy)</i>
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IFIS Account Code – Claim Amount Summary

Summarize expense items by account code/tax rate, e.g., amounts for expense items where 13% HST is applicable should be summarized as a single distribution line with the tax rate identified. Summarize on a second line for meal expense items where 11.1% is applicable, a third line for any expense items where 5% HST is applicable and another line for non-taxable amounts where "0" rate is applicable. Each line must show the net amount, the (%) tax rate, tax amount, and total amount.

Claim No.	Claim Date <i>(dd/mmm/yyyy)</i>
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Line No.	Ministry <i>(3 digits)</i>	Program <i>(6 digits)</i>	Business Unit <i>(4 digits)</i>	Cost Centre <i>(6 digits)</i>	Account <i>(6 digits)</i>	Initiative <i>(4 digits)</i>	Future Use <i>(4 digits)</i>	Future Use <i>(4 digits)</i>	Total Amount	Tax (HST/GST) % Amount		Net Amount
1												
2												
3												
4												
5												
6												
7												

Total Claim Amount ▶			
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