



AOLS Expense Reimbursement Voucher

Period From: _____ to: _____

Name: _____ Email: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

AOLS Position / Role: _____ Signature: _____

Enter HST separately

Date	Detail (Meeting, Guests, etc.)	Select Expense Type	KM	km@0.61	Subtotal	Enter HST Here	Total
Total :							

Note: Total includes HST; HST is required to save the AOLS taxes

All Expense Claims MUST accompany a receipt.
Claims with HST must accompany a receipt indicating its HST.

For AOLS Office Use

Approval: _____

Name: _____

Account: _____