

**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@0.64	Subtotal	Enter HST Here	Total
		Mileage		\$ 0.00			
		Mileage		\$ 0.00			
		Mileage		\$ 0.00			
		Mileage		\$ 0.00			
		Accommodations		\$ 0.00			
		Accommodations		\$ 0.00			
		Accommodations		\$ 0.00			
		Accommodations		\$ 0.00			
		Accommodations		\$ 0.00			
Total :				\$ 27.45	\$ 0.00	\$ 0.00	\$ 0.00

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.

Reset Form**Submit Form****For AOLs Office Use**

Approval: _____

Name: _____

Account: _____