Provincial Specialist Association

EXPENSE VOUCHER **Please PRINT in ink** TFEU

F01-40/Rev. April 2004

RECEIVED PAYMENT
(Please initial and return voucher to Accounting Department)

_____

M _____ _____

Member number Social Insurance Number[3]

Name _____
First name Initial Surname

Address _____

City _____ Postal code _____

Name of PSA expenses charged to[1] _____

Expenses in connection with: Executive meeting _____ Table officers' meeting _____ PSA Council _____
Committee meeting _____ Annual General Meeting ___ Conference _____

On date of _____

Trip from _____ to _____ No. of persons (e.g., car pool) _____

	$	¢
Transportation[2] _____ km @ _____ ¢ per km _____		
ferry _____		
parking _____		
bus _____		
plane _____		
Hotel[2] _____ days @ _____ rate _____		
Meals[2] _____ breakfasts @ _____ rate _____		
_____ lunches @ _____ rate _____		
_____ dinners@ _____ rate _____		
SUB TOTAL		
Expenses charged to 4 0 9 9 9 (Subcode) (PSA) **ADVANCE**	(	)

Other Expenses	**PSA Budget Category**												
	4	0	9	9	9			Y					
	4	0	9	9	9			Y					
	4	0	9	9	9			Y					
	4	0	9	9	9			Y					
						(Subcode)				(PSA)			
											TOTAL		

Date _____

Signed _____

Certified _____

[1] Please indicate the name of your PSA to which expenses are chargeable.

[2] PLEASE REFER TO POLICY RE YOUR PSA FOR APPLICABLE RATES.

[3] The numbers provide a key for the computerized accounts-payable system and help improve expense-voucher processing.