# West Elgin Community Health Centre

## Expense Report

Name _____ Date _____

Report Period _____ Document Number _____

## Purchases

| Date (yyyy-mm-dd) | Department or Program | Description of Purchase | GL Code | HST on Purchases | After Tax Total |
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| **Total Expenses** | | | | | |

## Mileage

| Date (yyyy-mm-dd) | Department or Program | Purpose | GL Code | Kilometers | Dollar |
|---|---|---|---|---|---|
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| **Total Mileage** | | | | | |

**Total Expense Report** _____

## Consolidated - *For Finance Use*

**Vendor ID**

| Description | Code | Pre-Tax | Tax | After Tax |
|---|---|---|---|---|
| | | | | |
| | **Consolidated Total** | - | - | - |

**Employee** _____ Date _____

**Manager** _____ Date _____

**Travelling Expense Maximums**

| | | |
|---|---|---|
| **Breakfast** | If commerce begins before 7:00am | **$10.00** |
| **Lunch** | If in meetings between 12:00 and 1:00pm | **$12.50** |
| **Dinner** | If transit ends after 5:00pm | **$22.50** |