

1 - 2017 Travel Expense Form - Non-OPS_scan.pdf

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

Note

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

Fields marked with an asterisk (*) are mandatory.

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.

1. Payee Information

Name of Payee (Last Name) *	(First Name) *	Middle Initial
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Ministry/Agency *

Ministry/Agency Contact (Last Name) *	(First Name) *	Telephone Number
		ext.

Mailing Address (Street Number and Name, Unit/Apt. Number) *	City/Town *	Province *	Postal Code *
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Purpose of Trip and Nature of Expenses *

2. Transaction Details

Date (dd/mmm/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)	South Ontario Km's	North Ontario Km's	Attendees (Number)	Total Amount	Tax Rate (HST/GST)	Tax Amount	Net Amount	
Total ▶											0.00		
Total Claim Amount ▶													

3. IFIS Account Code – Claim Amount Summary

Claim Number									Claim Date (dd/mmm/yyyy)			
Line No.	Ministry (3 digits)	Program (6 digits)	Business Unit (4 characters)	Cost Centre (6 characters)	Account (6 digits)	Initiative (4 digits)	Future Use (4 digits)	Future Use (4 digits)	Total Amount	Tax Rate (HST/GST)	Tax Amount	Net Amount
1							0000	0000				
Total ▶											\$0.00	\$0.00
Total Claim Amount ▶												

4. Payee Certification

This is to certify that the above expenses were incurred by me while on Government Business.

Signature of Payee (Mandatory)

Date (dd/mmm/yyyy)

Please visit www.ontario.ca/directpayment to download the application form to enrol for electronic payment.

Name of Payee (Last Name, First Name)

Name of Approving Official (Last, First Name) (Mandatory)

Ministry/Agency

5. Approval and Authorization

Name of Approving Official (Last, First Name) *

Title

Telephone Number

ext.

Total Claim Amount
Approved

Signature *

Date Approved/Authorized
(dd/mm/yyyy)

1 - Email - March 22 2017 - Per Diem & Expenses.pdf

From: Tam, Nelson (TBS)
To: [Patricia O'Malley \(plomalley@outlook.com\)](mailto:plomalley@outlook.com); [Uros Karadzic \(uros.karadzic@ca.ey.com\)](mailto:uros.karadzic@ca.ey.com); [Murray Gold \(mgold@kmlaw.ca\)](mailto:mgold@kmlaw.ca)
Subject: Per Diem & Expenses
Date: March-22-17 1:35:00 PM
Attachments: [2017 Travel Expense Form - Non-OPS.pdf](#)
[Travel Claim Form - Non-OPS.pdf](#)

Patricia, Uros, Murray

The supplemental report was officially sent to the Minister and Deputy Minister on Tuesday. We are close to completing the work of the Panel.

The Province's year end is coming to a close next week.

Please provide me with your timesheet for the per diems and expense claims for November to March so we can accrue the Panel's cost and request your per diem payment and expense reimbursement.

Reimbursement expenses require the original receipt and associated proof of payment. If mileage is claimed, it must accompany a mapquest/google maps to verify reasonableness of the expense. Mileage is reimbursed at \$0.40 per kilometre.

The expenses must be separated post 2017 and pre 2017. I re-attached the forms for your convenience.

If you can aim for next **Wednesday, March 29th** it would be greatly appreciated.

Uros, Murray

I can pick up the signed expense forms and associated supporting document from your offices if you wish. I can arrange a time to pick both up on the same day and time.

Thank you for your assistance.

Nelson
416-212-0514

2017 Travel Expense Form - Non-OPS.stub.pdf

Security settings or invalid file format do not permit using 2017 Travel Expense Form - Non-OPS.pdf (2108657 Bytes).

Travel Claim Form - Non-OPS.stub.pdf

Security settings or invalid file format do not permit using Travel Claim Form - Non-OPS.pdf (2107519 Bytes).

1 - Travel Claim Form - Non-OPS_scan.pdf

Expense (General/Travel) Claim for Non-OPS Employees

Note

Personal information on this form is collected under the authority of the *Ministry of Treasury and Economics Act*, R.S.O. 1990, c.M.37, s. 11 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.

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

Expense item line 1: Lunch. Total Amount = 10.00, Tax Rate = 13%. Tax Amount = 1.15 (calculated), Net Amount = 8.85 (calculated)

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

1. Claimant Information

Name of Claimant (Last Name) *	(First Name) *	Middle Initial
Ministry/Agency *		Telephone Number ext.
Address (Street Number and Name, Unit/Apt. Number) *	City/Town *	Province * Postal Code *
Purpose of Trip and Nature of Expenses *		

2. Transaction Details

Date (dd/mm/yyyy)	Particulars Explain General Expense Items (Destination, time of departure, return and mode of travel)	Account Code				Kilometres		Receipt Details				Rec. No.
		Non-reportable Items \$ (533910)	T4A Reportable Items \$ (533915)	T4A Reportable Remuneration (547920)	T4 Reportable PTPDA \$ (533950)	South Ontario Km's	North Ontario Km's	Total Amount	Tax Rate % (HST/GST)	Tax Amount	Net Amount	
Total ▶												
Total Claim Amount ▶												

3. IFIS Account Code – Claim Amount Summary

Claim No.									Claim Date (dd/mm/yyyy)			
Line No.	Ministry (3 digits)	Program (6 digits)	Business Unit (4 characters)	Cost Centre (6 characters)	Account (6 digits)	Initiative (4 digits)	Future Use (4 digits)	Future Use (4 digits)	Total Amount	Tax Rate % (HST/GST)	Tax Amount	Net Amount
1							0000	0000				
Total Claim Amount ▶												

4. Claimant Certification

This is to certify that the above expenses were incurred by me while on Government Business.

Signature of Claimant (Mandatory)

Date (dd/mm/yyyy)

Please visit www.ontario.ca/directpayment to download the application form to enrol for electronic payment.

5. Approval and Authorization

Name of Approving Official (Last, First Name) (Mandatory)

Title

Telephone Number ext.	Total Claim Amount Approved	Signature (Mandatory)	Date Approved/Authorized (dd/mm/yyyy)
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Expert Panel - PCard Expenses.xlsx

Expert Panel - Pcard Expenses - Catering

Meeting Date	Amount
Nov. 18, 2016	189.77
Dec. 5, 2016	164.65
Dec. 12, 2016	168.96
Dec. 13, 2016	116.37
Jan. 11, 2017	155.43
Mar. 7, 2017	112.71
Total	<u>907.89</u>