

Date	Description	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>*Attach original receipts / invoices</b>		\$ _____

Name of claimant	ID#	Department
Signature of Claimant	Date (DD/MM/YYYY)	

The following conditions apply:

- 1 Sessional Instructors at step 2 or 3 who hold at least one contract in a given term can submit original receipts and claim form **by the last class day of the term** in accordance with G1.11 c) iii.
- 2 Items that can be claimed on this form are detailed in D6.4 of the Collective Agreement.
- 3 The total fund consists of \$3,333 for fall, winter, and summer sessions to be dispersed on a prorated basis to a maximum of \$300 per Sessional Instructor. Unused portions of the fund will carry over to the next term.
- 4 Claims must be supported by an original paid invoice of an original receipt. Receipts must indicate items purchased and if HST is included.
- 5 Completed form can be returned to Human Resources Department.

FOR ACCOUNTING OFFICE USE ONLY			
Account Number (GL):	_____	Invoice Amount:	\$ _____
Project Number:	_____	HST:	\$ _____
Invoice Date:	_____	GST Amount:	\$ _____
Invoice Number:	_____	HST/GST Code	\$ _____
P.O. Number:	_____	Notes:	_____
Supplier Number:	_____	ID #:	_____

**When completed and signed, please return this form to Human Resources Department.**