

VECTOR INSTITUTE		Expense Reimbursement Claim Form		Send to: Vector Institute MaRS Centre, West Tower 661 University Ave., Suite 710 Toronto, Ontario M5G1M1		
Name	Lisa Smith	Date	25-Jan-20	Reason for Expense		
Mailing Address	University of Guelph 50 Stone Rd E Guelph, ON N1G2W1	Phone Number	647-394-1918	Attending Vector Institute- Research & Careers in AI: Financial Services event on Jan 24th		
		Email	lisa.smith@gmail.com			
Item number	Account Number	Receipt Date DD/MM/YY	Expense Item Description	Total Claim Amount (note1)	HST/GST Amount (note 2)	
1		2020-01-24	GO Bus from Guelph to Toronto	11.11		
2		2020-01-24	GO Bus from Toronto to Guelph	11.11		
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
			Total	22.22	0.00	
<i>Lisa Smith</i> Signature of Claimant				Signature of Claim Reviewer		
Lisa Smith Name of Claimant				Name of Claim Reviewer (please print)		
Version 3.0 November 14 2017		Signature of Approver		Date	Note 1. Include the total amount of the claim in this column, including HST/GST.	
		Name of Approver (please print)			Note 2. Record the HST/GST amount that is included in the total claim amount.	