



GSA EXPENSE CLAIM

Date Rec'd in ACCT:

1) CLAIMANT INFORMATION

CLAIMANT'S NAME	Surname	First Name	Initial
Address line 1:	Address line 2:		
City: EDMONTON	Province/State: AB	Postal/ZIP Code:	Country: CA

2) EXPENSES

All expenses must be supported by original, itemized receipts. Consolidate receipts by expense type, convert to currency of payment and enter one total for each expense type.

EXPENSE TYPE VENDOR (A)	RECEIPT DATE (B) (MM/DD/YY)	EXPENSE DESCRIPTION (C)	AMOUNT (D)	ACCOUNT NUMBER (E)
Total paid by GSA			0.00	Total due Claimant CDN\$

3) CLAIMANT ATTESTATION AND SIGNATURE

Claimant: I hereby certify that expenses are in compliance with all GSA policies and guidelines and the amounts being claimed were personally paid and have been reduced by any rebate, discount or refund received and does not include amounts previously claimed or to be paid from other organizations.

CLAIMANT'S SIGNATURE

4) APPROVALS

This information is an accurate record of expenses. The expenses claimed are original and legitimate; incurred on authorized GSA business and all supporting documentation is attached. Expenses are in compliance with all GSA policies and guidelines and the amounts being claimed for reimbursement were personally paid by the claimant and have been reduced by any rebate, discount or refund received and does not include amounts previously claimed or to be paid from other organizations.

	NAME	SIGNATURE	DATE
GSA VP FINANCE AND SERVICES	AKASH CHAVDA		
GSA PRESIDENT	RAJAT WASON		