Provincial Health Services Authority
Province-wide solutions. Better health.

# PHSA EXPENSE CLAIM & CHEQUE REQUEST FORM

| | | | | | |
|---|---|---|---|---|---|
| CLAIM NO. | | | | | |
| **PAYEE NAME *** | | **UNION*** | | DATE | |
| **MAILING *** | | EMPLOYEE # | | CLAIMANT/PAYEE | |
| **ADDRESS** | | **BUSINESS UNIT *** | | SIGNATURE | |
| | | **FUND *** | | AUTHORIZATION | |
| | | **DEPARTMENT *** | | SIGNATURE | |
| TELEPHONE NO.* | | **SITE *** | | **Authorization NAME *** | |
| EMAIL | | PROJECT | | **Autorization Contact Phone No.*** | |
| PURPOSE | | SUBPROJECT | | 2nd AUTHORIZATION | |
| Alternate DeliveryAddress | | | | SIGNATURE | |
| DEPARTURE DATE | | | | NAME | |
| RETURN DATE | | | | TELEPHONE NO. | |

*** Required fields**

| Date (MM/DD/YYYY) | Description | Location if applicable | Mileage (km) | Currency CAD,USD,etc. | Bus Unit (5) | Fund (2) | Account (7) | Department (8) | Site (3) | Project (8) | Subproject (7) | Calculated Amount | GST | PST | Amount Claimed |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**SUB TOTAL : Canadian Dollar**

**SUB TOTAL : Other Currency**

Foreign Funds Converted at ______ rate, and

**SUB TOTAL : Other Currency in Canadian Dollar**

**SUB TOTAL : Other Currency in Canadian Dollar + SUB TOTAL : Canadian Dollar**

0174010

(ADVANCES) : Canadian dollar

**NET AMOUNT : Canadian Dollar**

**COMMENTS**



**NOTES:**
Original receipts are required for processing expense claim.
All necessary information needs to be completed before the form can be printed.
All expense claims submitted must be in accordance with the PHSA policy on Travel and Business Expenses