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

PHSA EXPENSE CLAIM & CHEQUE REQUEST FORM

CLAIM NO.	
PAYEE NAME *	
MAILING ADDRESS*	
TELEPHONE NO.*	
EMAIL	
Alternate DeliveryAddress	
DEPARTURE DATE	
RETURN DATE	

UNION*	
EMPLOYEE #	
BUSINESS UNIT *	
FUND *	
DEPARTMENT *	
SITE *	
PROJECT	
SUBPROJECT	

DATE	
CLAIMANT/PAYEE SIGNATURE	
AUTHORIZATION SIGNATURE	
Authorization NAME *	
Autorization Contact Phone No.*	
2nd AUTHORIZATION SIGNATURE	
NAME	
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)	HST	Amount Claimed

SUB TOTAL : Other Currency	
SUB TOTAL : Other Currency in Canadian Dollar	
SUB TOTAL : Other Currency in Canadian Dollar + SUB TOTAL : Canadian Dollar	
(ADVANCES) : Canadian dollar	
NET AMOUNT : Canadian Dollar	

Foreign Funds Converted at [ ] rate, and

0174010

COMMENTS / JUSTIFICATION OF BUSINESS PURPOSE

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