



EXPENSE REPORT

DATE: October 1-31, 2013

Name: Robert Giffin

Title: HRA Board Member

1) Travel

Travel Type	Expense Description	Date	Amount	Notes
Miscellaneous Meetings	mileage	Oct 4-24, 2013	125.00	
			125.00	

2) Conferences

Conference Name	Expense Description	Date	Amount	Notes
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3) Professional membership dues

Membership Type	Expense Description	Date	Amount	Notes
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Expense Report

1. Form to be fully completed, signed, and dated by individual requesting reimbursements
2. Expense reports to be submitted to immediate supervisor for approval prior to payment
3. Receipts, where applicable, are to be attached.
4. All travel must be authorized, in advance, by the President & Chief Operating Officer

Name: Bob Giffin Board _____

Reason for Travel: Various Meetings - Oct 4 BIP Oct 17 Strategic Planning Oct 23 Sustainable Bus Oct 24 Bd Mtg

Month/Day	TOTAL	Office Use Only	GST	Net
Travel from:				
Travel to:				
Mileage: # kms	250			
Amount @ .50	125.00	125.00		
Airfare				
Taxi/Bus				
Auto Rental				
Parking				
Hotel				
Other Accom.				
Meals				
Meal Allowance				
Hosting				
Other (Specify)				
TOTAL		125.00		

Details of guests hosted: _____

Signature:  Date: Oct 25, 2013 Approved: _____