

NAME:		POSITION:	
ADDRESS:		SPECIALTY:	
		EMAIL:	

Description of Expense	Total Including HST
<p>Please indicate below the day(s) you examined. You will be given a per diem of \$40 in lieu of being provided a meal for each examination day. No receipt is required.</p> <p>Examination Day 1: _____</p> <p>Examination Day 2: _____</p> <p>Examination Day 3: _____</p>	
Ethernet Cable (A receipt is required and reimbursement is up to \$40):	
TOTAL:	

Expense Claims should be prepared and submitted to the Head Office within 30 days following the end of the event the expense was incurred. Employees and volunteers are responsible for payment of all expenses in advance prior to submission. Interest charges are the employee's responsibility. **Credit card and cash receipts must be included with the expense report.** A credit card statement is not acceptable for reimbursement. I, the undersigned, understand and agree that RCDC reserves the right to terminate and retrieve financial loss from any employee or volunteer submitting a fraudulent report for reimbursement.

Submit by email to bcestaulopez@rcdc.ca

Signature: _____ Date: _____

Office Use Only
Expense Allocation: