



**Reimbursement Form**

**Note: Do not use the shaded area**

All bills must be attached for expenses claimed and should be in date wise order.

<b>Form No.</b>		Office Use Only		Approved by: (Name & Signature)	
<b>Date Submitted:</b>		MM/DD/YYYY		<b>Location/ Unit No.</b>	
<b>Employee ID:</b>		<b>Employee Name:</b>			
<b>Expense Details</b>					
Date	Bill No.	Vendor	Description	CAD	USD
			1		
			2		
			3		
			5		
			6		
			7		
			8		
			9		
I certify that all the expenses listed above are for genuine business use and paid by me.  <div style="text-align: center;"><b>Employee Signature</b></div>			<b>Total</b>	CAD	USD
			<b>Less: Cash Advance</b>	CAD	USD
			<b>Balance</b>	CAD	USD
<b>Authorized by: (Name &amp; Signature)</b>			Exchange Rate	1.00	
			<b>Grand Total (CAD)</b>	CAD	CAD
<b>Paid by: (Name &amp; Signature)</b>			<b>Amount:</b>	<b>GST:</b>	
			<b>Date:</b>	<b>Mode:</b>	

**Return to: payroll@transourcefreightways.com with subject (RF-Employee ID)**