

AUT Professional Expense Fund (PD) - Claim Form

Section 1:	: Member Info	ormation							
AUT Member	r name:					Dat	e:		-
Group: Tel #:					Ema	il:	@stfx.ca		
Employee ID # (5 digits on ID card):					(A)	(B)	(C)	(D)	
Section 2: Detail of Evyponess				Enter	Enter	*Office use*			
Section 2: Detail of Expenses Detailed Receipts Required					Total CAD dollar	any HST/GST	67%	Expense	
Detailed Rec	ceipts Required					amount paid	amount(s) on recei		
								0.00	0.00
								0.00	0.00
								0.00	0.00
								0.00	0.00
								0.00	0.00
								0.00	0.00
								0.00	0.00
								0.00	0.00
								0.00	0.00
								0.00	0.00
			Balance I	Due Claimant		\$ -			
							Tax To	tals 0.00	0.00
Section 4:	technology, ins The claim is no from Finance. I I have reviewed All of the receip I have included I hereby certify agreement, and I certify that the	ed the New Com stallation required to payable direct For example, und Article 1.22 (P tots are attached. If proof of the Ca that the above individual that the amour asse expenses has	ments/issues, ly to the AUT r iversity issued rofessional Ex nadian equiva s a correct sta nts claimed ha ive not and wi	suppliers, possible d member due to specia purchase orders (PC pense Fund) of the A lent amount that was tement of expenses we not previously bee I not be claimed as a	iscounts, etc. (Entral arrangements for D's), etc. (Enter N//LUT Collective agreements for purchase which were incurred in norm will be, claim in income tax deducts arrangement of the company of the co	er N/A if not applicable r an internal procurem A if not applicable). sement. s made in other currer d for Professional Devended or reimbursed to ction.	puter Equipment, to ense).* nent process. Attach deta ncies. (Enter N/A if purcha relopment as outlined in to me by StFXU or any othe niversity and must be reti	ils of approved ar ase was in Canad he StFXU/StFXAI r organization.	ian funds).
	unless otherwis	se agreed in adv	ance. In the la	atter case, the goods	become a taxable	benefit to the Payee.			
Member Sigr	nature:					_ Date	e:		
Section 5:	: Dean / Unive	ersity Librari	an Office u	se only.					
Amount	\$ -	PD	Year _			Amount	\$	PD Year	
Approved by:	r:		Door /III	oroity Libraria - Cianat					
			Dean / Univ	ersity Librarian Signature					
Section 6:	Accounts Pa	avable use o	nlv.						
		_	_	has not been made	- accounts to be	entered manually.	lr	ternal Purchase:	
GL Account:				Tax Account:			Tax Assessment acco	unt: 10000-2108	

*New Computer Equipment Request Form