Form A11 (Effective Sep 18, 20 3)

# NSLC

## BOARD OF DIRECTORS TRAVEL EXPENSE CLAIM

Date: September 21/17
Date: ____________________

*Enter the total amount in each cell, including sales tax, if applicable*

| MM/DD/YY | Travel From | Travel To | Reason for Travel | Tax Rate | Km. | Rate | Hotel | Meals | Gratuity | Misc. | Total Incl. Tax | GST/ HST | Total Less HST |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sept 21/17 | | | IWF Education Session at the Port | NS | | | | | | | - | - | |
| | | | RCR catering | NS | | | | 343.10 | | | 343.10 | 22.38 | 320.72 |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | GST/HST override (see instructions) | | | | | | | | | | | | |
| | GST/HST override (see instructions) | | | | | | | | | | | | |
| | GST/HST override (see instructions) | | | | | | | | | | | | |
| Totals | | | | | 0 | | - | 343.10 | - | - | 343.10 | 22.38 | 320.72 |

YTD mileage (incl. this claim) 0

| Account Description | Account # | SAP Drop-down text (If needed) | BU/ Store# | Amount |
|---|---|---|---|---|
| HST Input Tax Credit | 202020 | | | 22.38 |
| | 640100 ~~640000~~ | | 1020 | 320.72 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Name (type): Sherry Porter
BU# / Store#: Board of Directors

Signature: [signature]

Form A11 (Effective Sept 18, 20 3)

# NSLC

## BOARD OF DIRECTORS TRAVEL EXPENSE CLAIM

Date: September 27/17
Date: _____

*Enter the total amount in each cell, including sales tax, if applicable*

| MM/DD/YY | Travel From | Travel To | Reason for Travel | Tax Rate | Km. | Rate | Hotel | Meals | Gratuity | Misc. | Total Incl. Tax | GST/ HST | Total Less HST |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sept 20/17 | | | IWF Education Session at the Port | NS | | | | | | 255.59 | 255.59 | 33.34 | 222.25 |
| | | | Tasting products | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | | | | NS | | | | | | | - | - | |
| | GST/HST override (see instructions) | | | | | | | | | | - | | |
| | GST/HST override (see instructions) | | | | | | | | | | - | | |
| | GST/HST override (see instructions) | | | | | | | | | | - | | |
| Totals | | | | | 0 | | - | - | - | 255.59 | 255.59 | 33.34 | 222.25 |

YTD mileage (incl. this claim) 0

| Account Description | Account # | SAP Drop-down text (If needed) | BU/ Store# | Amount |
|---|---|---|---|---|
| HST Input Tax Credit | 202020 | | | 33.34 |
| | | | | |
| | 640100 | | 1020 | 222.25 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Total | 255.59 |

Name (type): Sherry Porter
BU# / Store#: Board of Directors

Signature: Sherry Porter

Approved By: _____

Checked by Finance: _____