

CANADIAN SOCIETY OF SAFETY ENGINEERING

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INSTRUCTOR EXPENSE REPORT FORM

Effective February 12, 2017

NAME _____ POSITION _____

COURSE NAME, CITY & DATE: _____

Expense reports can be submitted by mail (with original receipts) or electronically. To submit electronically, scan the itemized receipts for your expenses and attach them to an email with a copy of this expense report. Make sure to check the electronic submittal declaration at the bottom of this form. Original receipts must be mailed into the CSSE office where they will be matched to this expense report. Claims must be submitted within 30-days of the event.

MEALS and INCIDENTALS: Reimbursements of meal expenses are limited to \$80/day, including all snacks, refreshments, taxes and gratuities for a minimum 12 hours travel away from home and limited to a maximum of \$45/meal. Meal expenses for travel less than 12 hours are limited to \$17 for breakfast, \$17 for lunch and \$45 for dinner. For details on expenses, refer to [Expense Privileges of Instructors](#).

		Amt before GST/PST/HST	Amt with GST/PST/HST
Date: _____	Item: _____	_____	_____
Date: _____	Item: _____	_____	_____
Date: _____	Item: _____	_____	_____
Date: _____	Item: _____	_____	_____

PERSONAL CAR USE: Destination _____ #km _____ @ 54 cents/km _____

MISCELANEOUS: Parking _____

Other (specify) _____

Complete the following only if you paid for travel expenses, subject to expense policy.

AIRFARE (at lowest available economy fare)

From: _____ To: _____

ACCOMODATIONS

Hotel Room: _____ night(s) @ _____ per night _____

CAR RENTAL

From: _____ To: _____

Submitted Electronically: I Declare that by submitting electronically, this is my original claim and I will not make further claims with respect to these expenses. Original receipts will follow by mail within 30 days of submission.

Total Reimbursable Expenses: _____

2019 Instructor Honorarium (\$3,034.53 per course): _____

GST/HST** on Honorarium (based on province of presentation): _____

Over 20 Students?: \$40.00 + GST/HST x _____ students: _____

Submitted by Mail: Original receipts attached

TOTAL AMOUNT CLAIMED: _____

Signature: _____

Date: _____

Make & Mail Cheque to: **Change of Address?** _____

Date Received _____

Approved By _____

Charge Acct.# _____

Date Paid _____

Cheque # _____

Amount Paid _____

**GST Number: _____

** GST/HST can only be claimed by the entity (person/company) holding a registered GST/HST number. If the claim is payable to you personally, but your company is the entity holding the registered number, tax will not be paid.