

REIMBURSEMENT FORM

Employee Name: _____ Employee ID: _____

Department: _____ Manager: _____

Expense Details:

Date	Description	Amount (CAD)	Receipt Attached (Yes/No)

Total Amount to be Reimbursed (CAD): _____

Business Purpose / Justification:

Please provide a detailed explanation of the business purpose or reason for each expense listed above. Attach all receipts and supporting documentation as required. This information is necessary to ensure compliance with company policies and Canadian tax regulations.

Certification:

I certify that the above expenses were incurred by me in the performance of my duties, were necessary and appropriate, and comply with company policies and applicable Canadian laws and regulations. I understand that falsification of this form may result in disciplinary action, including termination and possible legal consequences.

Employee Signature

Manager Approval

Signature: _____

Signature: _____

Date: _____

Date: _____

This Reimbursement Form is subject to and governed by applicable laws of Canada. The employee agrees to provide truthful and accurate information. Submission of false or misleading information may result in disciplinary action, including termination of employment and legal proceedings.

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