NORTHERN NISHNAWBE EDUCATION COUNCIL
Employee Expense Report

Employee #

Name _____ Program _____ Date _____

TRAVEL INFORMATION

DEPART FROM	DEPART DATE	DEPART TIME	TRAVEL METHOD & PO#	DESTINATION(S)	HOTEL & PO#	RETURN DATE	RETURN TIME

REASON FOR TRAVEL	FELLOW TRAVELLERS

DATE	PARTICULARS (attach receipts and signed student lists where required)	EXPENSE CODE	TOTAL
		Total	
		Less:PrePaid Amount	–
Received by _____ Receipt # _____		**Less: Cash Return**	**1027-00** –
		Cheque Amount	

Submitted By

Employee's Signature _____

Date _____

Verified and Reviewed By

Supervisor _____

Date _____

Finance Approval

Batch #

Date

Cheque #