**Expenses Review Cover Sheet**

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| **Name of Public Entity:** |  | **Claim Period** |
| **From:** |  | **To:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenses Officer:** |  |  |  |
| **Number of Claims** |  | ***Reporting Group*** | **IC Office Use ONLY** |
| **☐ Appointees** | **Batch ID** |  |
| **☐ Employees** | **IC** |  |

 I confirm that the attached information is a true copy of **all** reviewable expense claims made by the designated persons, as provided for in the ***Public Sector Expenses Review Act, 2009*** for the period indicated:

**Signature of Expense Officer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please see attached **Information Sheet** for the list of required information required in a submission.

Expenses should be sent as a batch to:

**Office of the Integrity Commissioner**
2 Bloor Street West, Suite 2100

Toronto, ON, M4W 3E2

**OR**

expenses@oico.on.ca

*Page 1 of \_\_\_*

**Expenses Review Cover Sheet**

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| **Name of Public Entity:** |  | **Claim Period** |
| **From:** |  | **To:** |  |

| **Name of Designated Person** | **Description of trip / hospitality or monthly claim** | **Amount of Claim****$** | **Travel** **pre-approvals attached** **Yes / No** | **Location where****employee based** | **Corporate card****Yes / No** | **IC Office Use ONLY** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Claim ID #** | **Info** | **Review** |
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**Expenses Review Cover Sheet**

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| **Name of Public Entity:** |  | **Claim Period** |
| **From:** |  | **To:** |  |

| **Name of Designated Person** | **Description of trip / hospitality or monthly claim** | **Amount of Claim****$** | **Travel** **pre-approvals attached** **Yes / No** | **Location where****employee based** | **Corporate card****Yes / No** | **IC Office Use ONLY** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Claim ID #** | **Info** | **Review** |
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 **Submitting Expenses for Review – Information Sheet**

Expenses claimed by the designated persons are to be submitted to the Integrity Commissioner on a quarterly basis.

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| --- | --- |
| **Claim Period** | **Claims Due Date** |
| January 1 to March 31 | **May 31** |
| April 1 to June 30 | **August 31** |
| July 1 to September 30 | **November 30** |
| October 1 to December 31 | **February 28** |

When submitting a batch of expenses, please ensure that the following pieces of information are included:

* The Cover Sheet is completed and lists each claim (*e.g.* expenses for a trip or a hospitality event)
* Detailed information regarding business purpose of expenses has been provided.
* Itemized receipts for all meals, accommodation (including room service/meal expenses), and travel (even if Centrally Billed)
* Evidence of prior approval where required.
* All copies of receipts are legible. If faded, please provide written breakdown of each item.
* The name, position, and organization of each attendee for hospitality claims.
* A copy of prior advice from the Integrity Commissioner if sought.

**Cover Sheet**

Please complete the required information for each claim being submitted and use additional pages if needed. This table provides an explanation of the columns in the Cover Sheet:

|  |  |
| --- | --- |
| **Column** | **Description** |
| **Name of Designated Person** | Name of the person for whom a claim is being submitted. Each claim requires a separate line entry on the cover sheet. Multiple entries maybe required for an individual if the designated person has more than one claim for the period. Enter name of designated person even if zero claim to ensure completeness. |
| **Description of trip/hospitality** | Brief description of the nature of the trip or hospitality.  |
| **Amount of Claim** | Enter the total amount of each claim. This amount should include centrally billed flights etc. |
| **Pre-Approvals**  | Indicate if all the appropriate pre-approvals for travel have been attached to the claim. (Yes / No) |
| **Location where Employee Based** | Indicate Employees regular base of employment |
| **Corporate Card** | Indicate if the claimant has a corporate card (Yes / No) |
| **Claim ID #** | Each claim will be assigned a unique ID number by the Office of the Integrity Commissioner. This ID number will be used for tracking and Identification purposes. |