

Office of the Integrity Commissioner



Expenses Review Cover Sheet

Name of Public Entity:	<i>Insert Name of Agency</i>	Claim Period			
		From:	October 2019	To:	December 2019

Expenses Officer:	<i>Insert Name of Chief Executive Officer or Chair</i>			
Number of Claims	16	Reporting Group	IC Office Use ONLY	
		<input type="checkbox"/> Appointees	Batch ID	129- Q419
		<input checked="" type="checkbox"/> 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

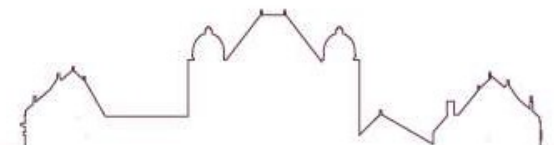
expenses@oico.on.ca

Identify the reporting group

Insert the number of expense claims submitted for review (not the number of individual receipts)

Ensure that the Expenses Officer (Chair or CEO) has signed off on the submission

SAMPLE COVER SHEET



Expenses Review Cover Sheet

Name of Public Entity:	Name of Agency	Claim Period			
		From:	October 2019	To:	December 2019

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
John Travel	Expense Report # 1 October Visa Statement Local Meeting, AABY Meeting–Windsor Remote office visits	\$1,452.32	Yes	Toronto	Yes	129-Q419-01		RV
John Travel	Expense Report # 2 Cash Expenses Mileage Meal Allowances – Windsor Parking	\$242.85	Yes	Toronto	Yes	129-Q419-02		RV
John Travel	Expense Report # 3 November Visa Statement Hospitality	\$125.00	n/a	Toronto	Yes	129-Q419-03		RV
John Travel	Expense Report # 4 December Visa Statement Local Meetings	\$47.20	n/a	Toronto	Yes	129-Q419-04		RV
Anne Destination	Expense Report # 1 October Visa Statement Local Meetings	\$84.25	n/a	Toronto	Yes	129-Q419-05		RV
Anne Destination	Expense Report # 2 Cash Expenses	\$28.50	Yes	Toronto	Yes	129-Q419-06		RV

	Mileage Meal Allowances							
Anne Destination	Expense Report # 3 November Visa Statement PRBT Conference – Victoria	\$1923.85	n/a	Toronto	Yes	129-Q419-07		RV
Anne Destination	Expense Report # 4 December Visa Statement Hospitality	\$54.00	Yes	Toronto	Yes	129-Q419-08		RV

Continue with a new line for each expense report.

Centrally Billed Items

In the case of a centrally billed item, you may add the item manually to the total of an expense report or list it as a separate line item.

e.g. If the agency paid for a hotel room (\$150.00) for John Travel on Expense Report # 1 - you can add the \$150.00 to the expense report and list it as \$1602.32 (\$1452.32 + \$150.00) and included the invoice with that expense report in the submission. Alternatively, you can list the hotel as a separate line item for the claimant.

Submitting Expenses for Review – Information Sheet

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

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.