

Office of the Integrity Commissioner



Expenses Review Cover Sheet – Top 5 Employees

Name of Public Entity:	Ontario Agency Review Commission		Claim Period	
			From: January 2019	To: June 2019
Expenses Officer:				
Number of Claims	25	Reporting Group	IC Office Use ONLY	
		Top 5 Employees	Batch ID	129-Q1Q219
			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 Expenses Officer _____ Date: _____

Please see attached **Information Sheet** for the details on what is required in the submission.

Expenses should be sent as a batch to:

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

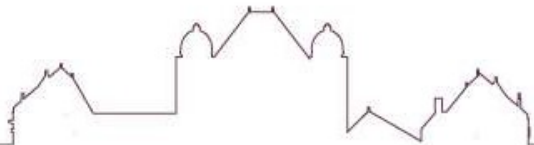
Office of the Integrity Commissioner
2 Bloor Street West, Suite 2100
Toronto, ON, M4W 3E2

OR

expenses@oico.on.ca

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

SAMPLE TOP 5 COVER SHEET



Expenses Review Cover Sheet – Top 5 Employees

Name of Public Entity:	Ontario Agency Review Commission	Claim Period			
		From:	January 2019	To:	June 2019

PART I – Top 5 Submission Summary

Name	Position	Total expenses claimed	Corporate credit card	Location where employee is based	Have the expenses of this person already been reviewed as a designated executive?	Is this person governed by a collective agreement? (please provide copy)
John Travel	VP, Marketing	\$8955.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Toronto	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Jane Air	Director, Sales	\$8850.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Toronto	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peter Road	Director, Finance	\$7482.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Toronto	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anne Rail	Director, H.R.	\$7000.25	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	North Bay	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Jason Shuttle	Manager, Sales	\$6989.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Kingston	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If one of the Top 5 employees is part of the Senior Management Team and has submitted their expenses in the quarterly submissions, they do not need to be resubmitted.

List their name on the summary, identify that they have already been reviewed as a designated executive and only submit the expenses for the remaining Top 5 Employees. You do not need to replace them with another employee.

Expenses Review Cover Sheet – Top 5 Employees

Name of Public Entity:		Claim Period			
		From:		To:	

PART II – Expense Claim Details

* Please list one expense report on each line (do not list each expense separately)

Name	Description of trip / hospitality or claim	Amount of claim (including centrally billed items)	Travel Pre-Approval attached (If applicable) Y/N	IC Office Use ONLY		
				Claim ID #	Info	Review
Jane Air	Expense Report # 1 July Visa Statement Local Meeting, CGTY Conference–Ottawa Remote Office visits	\$2500.00	Yes	129-Q1Q219-01		RV
Jane Air	Expense Report # 2 Cash Expenses Mileage Meal Allowances – Ottawa Parking	\$234.98	Yes	129-Q1Q219-02		RV
Jane Air	Expense Report # 3 August Visa Statement Parking	\$14.00	n/a	129-Q1Q219-03		RV
Jane Air	Expense Report # 4 September Visa Statement Calgary-OTTV Meeting	\$1452.00	Yes	129-Q1Q219-04		RV
Jane Air	Expense Report # 5 Cash Expenses Mileage Meal Allowances – Calgary	\$127.20	Yes	129-Q1Q219-05		RV

Name	Description of trip / hospitality or claim	Amount of claim (including centrally billed items)	Travel Pre-Approval attached (If applicable) Y/N	IC Office Use ONLY		
				Claim ID #	Info	Review
Peter Road	Expense Report #1 July Visa Statement Conference – Madrid Local Meetings	\$5500.00	Yes	129-Q1Q219-06		RV
Peter Road	Expense Report # 2 Cash Expenses Meal – Allowance – Madrid Taxis, mileage	\$365.85	Yes	129-Q1Q219-07		RV
Peter Road	Expense Report # 3 August Visa Statement Parking	\$27.00	n/a	129-Q1Q219-08		RV
Peter Road	Expense Report # 4 Cash Expenses Meal–Allowance - Peterborough	\$12.50	Yes	129-Q1Q219-09		RV
Peter Road	Expense Report # 4 Cash Expenses Meal–Allowance - Peterborough	\$12.50	Yes	129-Q1Q219-09		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 Jane Air on Expense Report # 1 - you can add the \$150.00 to the expense report and list it as \$2650.00 (\$2500.00+ \$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 twice yearly.

If Claim Period is:	Claims are due:
Jul - Dec	Feb 28
Oct - Mar	May 31
Jan – Jun	Aug 31
Apr – Sep	Nov 30

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)
- Each expense report should be listed as a separate line item.
- Detailed information regarding business purpose of the expenses have been provided.
- Itemized receipts for all meals, accommodation (including room service/meal expenses), and travel (even if centrally billed)
- All copies of receipts are legible. If faded, please provide written breakdown of each item.
- Evidence of prior approval where required.
- 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.