ANNEX	5

*	Department of Foreign Affairs and International Trade	 Ministère des Affaires et du Commerce inter 	-				Page	of	
	EXPENSE CLAIM	A				umber:			
Official Hospitality Advance and Expense Reporting			Cheque Number:						
of this fo	e original of this document should orm and the original EXT 52 and o years (Official Hospitality Direc	other substantiating mate tive 9.11.1). These doci	erial must be retained uments must be mad	at Post for at	1				
	horized Government Representation		equired.			oility Centre:			
Name of Employee:		Title: FINEX ID #:		FINEX ID #:	Period covered by Report:				
Mission: F		Program(s):	ogram(s): Classification		n: Date of Report:				
Expend			Á maxi	mum of 25%	h can be s	nent on ind	irect hospital	ity	
Descrip	tion of Expenditure(s)						in currency of		
Date Hospitality Activity Summary			nary		Direct			rect	
(n. 30	Reception; Home,	re. Minister of agriculture			37:	5.00			
1	Club Membe	rahip I	0				12	5.00	
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, ·			Sub-Tota	1	00	_ مسرا	10	٢.	
Exchange Rate: 0.500000			Total all pages		375.00		-1	125.00 125.00	
					Canadian Dollar Equivalent				
			Total all pag	jes		17.50		62.50	
New Ad	Ivance	,,		- <u> </u>	<u> </u>				
Total	Original Allocation (+)	Local Cu		n Dollar	Contifue				
Total Original Allocation (+) Adjustment to Allocation (+/-)		po o l Certify:							
Revis	ed Allocation	A	<u> </u>	00.00					
					that th	e amounte	included in th	vis claim	
Total	Expenditure to Date	· в <u>500</u>	. 00 🛛 🕹 At	<u>10.00</u> [were ir	ncurred on a	authorized Go		
	ous Outstanding Advance			<u>50. 00</u>	Hospita	ality.			
	on Remaining of Previous Adva unt Issued to Employee		0.00 J 10.00 J Z	0.00					
	Advance		20.00 \$ 2	50.00					
	ange Rate for New Advance aining Allocation (Line Á - B - (C)		00.00	Sign	ature of Cla	aimant and D	ate	
Verified by: Certified Pursuant to Section 33			Certified that a hospitality allocation has						
			ial Administration /	Act b		. Advance r section 3	authorized ar 4, FAA.	nd/or	
								· .	
Signatu	re and Date (Mission Account	ant) Signature a	and Date (MAO/FM	0) · S	Signature a	and Date (H	IOM/Program	Manager)	
VT 904 (93)	(12) CLAIM - ADVANCE								

(93/12) CLAIM = ADVANCE