Signature and Date (HOM/Program Manager)

*	Department of Foreign Affair and International Trade	s Ministère des Affaires et du Commerce interr	-				Page	of	
	Official Haspitality	Advance and Expense Reporting			Cheque Number:				
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of this fo	e original of this document shoul orm and the original EXT 52 and o years (Official Hospitality Dire	l other substantiating mate: ctive 9.11.1). These docu	rial must be retained uments must be mad	at Post for at					
	orized Government Representati Employee:	ives for inspection when re Title:	•	FINITY ID #.	<u> </u>	oility Centre:			
ivaine or				FINEX ID #:	#: Penoa cove		ered by Report:		
Mission:		Program(s):		Classification	sification: Date of		Report:		
Expendi	ture(s)		<u>.</u>	:	b	A		- 124-	
Descrip	tion of Expenditure(s)		A max	imum of 25%		be reported i		·	
Date	Hosp	-Minister of agriculture			Dire			lirect	
/i 24	Rost W				27	< 00			
apr. 30	10 mm	- Menister of	agricultur		2/-	2	1-2	2500	
	Grine // Jennie	sories o				······································	7.00	<u> </u>	
		, .						·····	
			·						
		•							
,			Sub-Tota	ıl	37	5.00	10	25.00	
E	change Rate: 0.50000	<b>D</b> Ø	Total all pa	ges	37	1200	10	25.00	
		=======================================			Can	adian Dolla	ar Equivale		
		•	Total all pa	ges	\$ 10	17.50	Ø	62.50	
New Ad	vance				<del></del>				
Total	Original Allocation (+)	Local Cu		an Dollar	Certify:				
,	tment to Allocation (+/-)	<u> </u>			receipt of reimbursement of expenses or				
Revis	ed Allocation	Α	\$ 1,1	200.00	_ advanc				
-									
Total	Expenditure to Date	в <i>50</i> 0	00 18 23	50. <sup>60</sup>		e amounts in nourred on a			
Previo	us Outstanding Advance	500.00 4 250.00			Hospita	ality.			
1	n Remaining of Previous Adv Int Issued to Employee		<u>).00 1/4</u>	0.00					
	Advance	<u> </u>	0.00 \$ 60 0.00 \$ 6	50.00 50.00					
	inge Rate for New Advance	V 0.50cna0			Signature of Claimant and Date				
Rema	ining Allocation (Line A - B -	C)	7/	00.00				· · · · · · · · · · · · · · · · · · ·	
Verified	i by:					Certified that a hospitality allocation has been made. Advance authorized and/or			
		or the Financi	ar Morrallist attoll /			r section 34			
								•	
	•								

Signature and Date (MAO/FMO)

Signature and Date (Mission Accountant)