

4

٠

	unal made et	du commence inter	national				Page	of
Official Hospitality Advance and Expense Reporting					Cheque Number:			
Note: The original of this document should be sent to HQ with the mission financial accounts. A of this form and the original EXT 52 and other substantiating material must be retained at Post for least two years (Official Hospitality Directive 9.11.1). These documents must be made available duly authorized Government Representatives for inspection when required.						at		
Name of Employee:	Title:		-	FINEX ID #:		Period cov	vered by Rep	ort:
Mission: Progra		n(s):		Classification		Date of Report:		
Expenditure(s)	I	<b></b>	·	······································		· .		
Description of Expend	iture(s)		A maxi				direct hospita	
Date	Hospitality	pitality Activity Summary			Amount to be reported i Direct		Indirect	
	<u> </u>							
		<u>.</u>	<u>.</u>		,: <u>.</u>			<u> </u>
								1
	<u> </u>							   
	•							
			· ·· · · · · · · · · · · · · · · · · ·					<u> </u>
								<u>.</u>
						· · · ·		
			·····			· ,		
				······			1	
	· · ·	•						
,	•		Sub-Total					
Exchange Rate:			Total all pages					
					Canadian Dollar Equivalent			
			Total all pag	es				
lew Advance		· · · · · · · · · · · · · · · · · · ·		- D - II				
Total Original Allocatio	on (+)	Local Cu	irrency   Canadiai		Certify:			
Adjustment to Allocation ( + /-)							sement of e	kpenses o
Revised Allocation		Α	<u> </u>		⊥ advanı	ce.		
Total Expenditure to Date B   Previous Outstanding Advance Image: Comparison of Previous Advance   Portion Remaining of Previous Advance Image: Comparison of Comparison o			    		that the amounts included in this claim were incurred on authorized Government Hospitality.			
New Advance Exchange Rate for Ne	w Advance	C	1		C			
Remaining Allocation					Sigr	lature of Cl	aimant and D	
•			al Administration Act		Certified Pursuant to Section 34 of the Financial Administration Act I certify that the funds shown have been allocated and I approve the advance.			
Signature and Date (Miss	sion Accountant)	Signature a	Ind Date (MAO/FMC	 5)   Si	gnature :	and Date (H	IOM/Program	Manager
T 904 (93/12)	·····			l				