

Aly N. Alibhai, (Board Member) - 2015/16 3rd Quarter Expense Report
 October 1, 2015 to December 31, 2015

Date	Purpose	Cost
18-Nov-15	Took taxi to LAO Provincial Office for SBL Award Selection Committee.	
	Took taxi from LAO Office following SBL Award Selection Committee	
	Accommodation	\$0.00
	Hospitality	\$0.00
	Meals	\$0.00
	Transportation	\$97.00
	Other	\$0.00
	Total	\$97.00

Summary of Expenses	
Accommodation	\$0.00
Hospitality	\$0.00
Meals	\$0.00
Transportation	\$97.00
Other	\$0.00
Total Expenses (Q3 - 2015/16)	\$97.00

Signature: _____ **Date:** _____

MONTHLY EXPENSE CLAIM

NAME															
Aly N. Alibhai															
DATE	DETAILED DESCRIPTION OF EXPENSE <small>(Include Purpose, Place, # of people, Names & Titles)</small>	EXPENSE CODE	COST CENTRE	PROJECT	PROGRAM	DUTY COUNSEL CODE	HOTEL	HOSPITALITY	MEALS	TRANSPORT	OTHER	KMS		AMOUNT	
												S \$0.40	N \$0.41		
17-Nov-15	To reviewing materials for SBL Award Selection Committee														
18-Nov-15	Taxi fare to LAO Offices for SBL Award Selection Committee														4.49 -0.00
18-Nov-15	To chairing SBL Award Selection Committee														
18-Nov-15	Taxi fare from LAO offices following SBL Award Selection Committee Meeting														4.99 -0.00
															0.00
															0.00
															0.00
															0.00
															0.00
															0.00
															0.00
															0.00
<p>** By signing this expense claim it is understood that the supervisor and/or manager who approves this claim have read and understands Legal Aid Ontario's Travel, Meal and Hospitality Expenses Policy. The supervisor and/or manager acknowledges that by signing this expense claim it is in compliance with the policy.</p> <p>NOTE: PLEASE ATTACH ALL ORIGINAL RECEIPTS WITH YOUR CLAIM BY THE 15th OF MONTH FOLLOWING THE MONTH THE EXPENSES WERE INCURRED.</p>												SUBTOTAL		-0.00	
												(LESS ADVANCE)		—	
												TOTAL		4.49	

<p>FOR PROVINCIAL OFFICE USE</p> <p>APPROVED</p> <p><i>Nov. 23/15</i></p> <p>DATE</p>	<p>_____</p> <p>TITLE</p>	<p>CERTIFIED</p> <p>_____</p> <p>DATE</p>	<p>_____</p> <p>SUPERVISOR'S SIGNATURE**</p>
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RECEIPT



Cab No. 42724 G.S.T. _____

From _____

To 851 W. 1st St.

Date 12/10/15 Amount \$48.

Signature _____

416.751.5555

BECK TAXI streets

see reverse for your entry code to win.



RECEIPT



Cab No. 3743 G.S.T. _____

From _____

To 40 Dundas St

Date Nov 10/15 Amount \$49

Signature _____

416.751.5555

BECK TAXI streets

see reverse for your entry code to win.