

**Robert W. Ward, President & CEO - 2015 - 2016 1st Quarter Expense Report**

April 1, 2015 to June 30, 2015

Date	Purpose	Cost
04-May-15	<b>Parking to attend meeting with London District Office, Courthouse and London CLA</b>	
	Accommodation	\$0.00
	Hospitality	\$0.00
	Meals	\$0.00
	Transportation	\$0.00
	Other	\$12.00
	<b>Total</b>	<b>\$12.00</b>

**Summary of Expenses**

Accommodation	\$0.00
Hospitality	\$0.00
Meals	\$0.00
Transportation	\$0.00
Other	\$12.00
<b>Total Expenses (Q1 - 2015/16)</b>	<b>\$12.00</b>

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**Signature:**

**Date:**

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**MONTHLY EXPENSE CLAIM**

NAME		Robert Ward										
	DETAILED DESCRIPTION OF EXPENSE (Include Purpose, Place, # of people, Names & Titles)	EXP CODE	COST CENTRE	HOTEL	HOSPITALITY	MEALS	TRANSPORT	OTHER	KMS		AMOUNT	
									S \$0.40	N \$0.41		
	May 4, 2015 - Meetings with London District Office, Courthouse and London CLA											
4-May-15	Parking							12				12.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
									TOTAL KMS	0	0	0.00
									SUBTOTAL		12.00	
									(LESS ADVANCE)		0.00	
									TOTAL		12.00	

RECEIVED  
 JUN 03 2015  
 LEGAL AID ONTARIO

RECEIVED  
 JUN 03 2015

#250265

\*\* 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.  
NOTE: PLEASE ATTACH ALL ORIGINAL RECEIPTS WITH YOUR CLAIM BY THE 15th OF MONTH FOLLOWING THE MONTH THE EXPENSES WERE INCURRED.

FOR PROVINCIAL OFFICE USE

APPROVED \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

TITLE \_\_\_\_\_

CERTIFIED \_\_\_\_\_

CLAIMANT'S SIGNATURE \_\_\_\_\_

SUPERVISOR'S SIGNATURE\*\* \_\_\_\_\_

Jun 12, 15

**495 RICHMOND  
PARKING**

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No 567115

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