

# ONTARIO LIBRARY ASSOCIATION



## EXPENSE CLAIM FORM

Address: 2080 Danforth Avenue 416-363-3388 or 1-877-340-1730 toll free

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Meeting/Event: \_\_\_\_\_

Meeting/Event Date: \_\_\_\_\_

**OLA General**  
Treasurer's Approval if required

Date received by OLA

Claims will be processed within 45 days of receipt by the OLA

**TRAVEL, HOTEL, and MEAL EXPENSES** Receipts must be accompanied by the expense claim form.

Description	Receipts	Amount Claimed	HST on Bill	Office Use (GL)
Automobile—total km _____ @ \$0.56 per km	No			5220-
Car Rental	Yes			5220-
Parking – Max \$16	Yes			5220-
<input type="checkbox"/> Air <input type="checkbox"/> Train <input type="checkbox"/> Bus (Economy Class)	Yes			5220-
Public Transit	No			5220-
Hotel – Max \$142 plus taxes	Yes			5220-
Meal Expenses	Yes			5210-

**Max \$25 for dinner, \$15 for lunch, and \$10 for breakfast** if not provided by OLA or OLA's designated hotel. \*Receipts must be included with this form. Parking: visit [accessola.com/travelandparking](http://accessola.com/travelandparking) for best choices. Hotel: The self-park rate at the hotel can be submitted with the hotel bill. It can vary based on season. All receipts must be included with this form.

**OTHER EXPENSES** Receipts **MUST** be accompanied by the expense claim form.

Description	Amount Claimed	HST on Bill	Office Use (GL)

\_\_\_\_\_

Claimant's Signature Form Submission Date

**\*\*REQUIRED\*\*** Form will not be processed if these fields are left blank.

**Total Claimed:** \$ \_\_\_\_\_

**Please Issue:**

EFT: \$ \_\_\_\_\_  
Please refer to page 2.

Cheque: \$ \_\_\_\_\_

Donation: \$ \_\_\_\_\_  
Please refer to page 2.

### **OLA Treasurer**

Lori Hallahan  
Seneca College  
[lori-ann.hallahan@senecacollege.ca](mailto:lori-ann.hallahan@senecacollege.ca)

### **OCULA Treasurer**

Natalie Colaiacovo  
Centennial College  
[ncolaiacovo@centennialcollege.ca](mailto:ncolaiacovo@centennialcollege.ca)

### **OLITA Treasurer**

Sarah Macintyre  
Ottawa Public Library  
[sarah.f.macintyre@gmail.com](mailto:sarah.f.macintyre@gmail.com)

### **OSLA Treasurer**

Maureen McGrath  
Nicholson Catholic College  
[mcgrathm@alcdsb.on.ca](mailto:mcgrathm@alcdsb.on.ca)

### **ABO-Franco Treasurer**

Guinsly Mondésir  
Scholars Portal  
[guinsly.mondesir@utoronto.ca](mailto:guinsly.mondesir@utoronto.ca)

### **OLBA Treasurer**

Nathan Etherington  
County of Brant Public Library Board  
[contactme@nathanetherington.ca](mailto:contactme@nathanetherington.ca)

### **OPLA Treasurer**

Erika Heesen  
Perth Union Library  
[erikaheesen@gmail.com](mailto:erikaheesen@gmail.com)

### **POLICIES TO NOTE**

- This form may be downloaded from the OLA Web site at [www.accessola.com](http://www.accessola.com)
- Per diem expenses must be supported with receipts to verify expenditures.
- The least expensive form of transportation is expected (Economy Class), unless pre-approved by OLA Management.
- Make claim within 45 days of meeting or activity or by August 31, whichever comes first.
- OLA pays all claims approved within 45 days of receipt. OLA processing payments via EFT and Cheque. EFTs can be processed within 30 days of receipt. Cheques can be processed within 45 days of receipt.
- Should you wish to receive your payment via EFT please fill out the form on page 3 and provide a copy of your void cheque. Refer to form below.
- Should you choose to donate your expenses to one of our funds, please do so by clicking the checkmark located on page 1 and when submitting your expense claim. You can identify which fund you would like your contribution to, or staff can assign it to the [current fundraising campaign](#).
- If you have been approved to reimburse your expenses, please fill out the expense form and send expense claims to [accounting@accessola.com](mailto:accounting@accessola.com). Please do not mail your expense claims.
- For questions about your claim, please contact [accounting@accessola.com](mailto:accounting@accessola.com)

## EFT Request Form

### Payment Information

Name:

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**Financial Information** - *To ensure the accuracy of our account information, you must attach a voided cheque and complete the following:*

Name of Financial Institution:

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Address of Financial Institution:

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Bank Code:

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Transit Number:

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Account Number:

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**Remittance Information** - Please provide the contact and email address that you wish to receive your payment details:

Contact Name:

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E-mail address:

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Once complete, please send to [accounting@accessola.com](mailto:accounting@accessola.com)