ONTARIO LIBRARY ASSOCIATION / o l a





| Name (please print) | | | | OLA General Approval if required | | |
|--|-------------------|-------------------------|----------------|-------------------------------------|------------------|--|
| Address | | | | | | |
| City | Province Postal | | e | Date received by OLA | | |
| Meeting/Event: | | | | Claims will be pro- | cessed within 45 | |
| Meeting/Event Date: | | | | days of receip | t by the OLA | |
| TRAVEL, HOTEL, and MEAL | EXPENSES Recei | pts <u>must</u> be acco | | pense claim form | l. | |
| Description | | Receipts | Amount Claimed | HST on Bill | Office Use (GL) | |
| Automobile-totalkm(| @\$0.43 per km | No | | | 5220- | |
| Car Rental | | Yes | | | 5220- | |
| Parking – Max \$16 | | Yes | | | 5220- | |
| ☐ Air ☐ Train ☐ Bus (Ecc | nomy Class) | Yes | | | 5220- | |
| Public Transit | | No | | | 5220- | |
| Hotel – Max \$142 plus taxes | | Yes | | | 5220- | |
| Meal Expenses | | Yes | | | 5210- | |
| accessola.com/travelandparking for best receipts must be included with this form. OTHER EXPENSES Receipts | | | | , | | |
| Description | vioo i be accompa | anied by the exp | Amount Claimed | HST on Bill | Office Use (GL | |
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| | | | Total Clai | otal Claimed: \$ | | |
| | | | Please Is | Please Issue: | | |
| | | ☐ EFT:: | EFT: \$ | | | |
| Claimant's Signature Form Submission Date | | | Please refer | Please refer to page 2. | | |
| **REQUIRED** Form will not be processed if these fields are left blank. | | | ☐ Chequ | ue: \$ | | |
| | | | | Donation: \$ | | |
| | | | Bloose refer | to page 2. | | |

OLA Treasurer

Dr. Sabrina Saunders
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OLBA Treasurer

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OPLA Treasurer

Ryan Moniz
Oakville Public Library
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POLICIES TO NOTE

- This form may be downloaded from the OLA Web site at www.accessola.com
- Per diem expenses must be supported with receipts to verify expenditures.
- The least expensive formof 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 <u>current fundraising campaign</u>.
- If you have been approved to reimburse your expenses, please fill out the expense form and send expense claims to accounting@accessola.com.
 Please do not mail your expense claims.
- For questions about your claim, please contact accounting@accessola.com

EFT Request Form

Payment Information

Once complete, please send to accounting@accessola.com

Name: **Financial Information** To ensure the accuracy of our account information, you must attach a voided cheque and complete the following: Name of Financial Institution: Address of Financial Institution: Bank Code: Transit Number: Account Number: **Remittance Information** Please provide the contact and email address that you wish to receive your payment details: Contact Name: E-mail address: