STATEMENT OF TRAVEL AND RELATED EXPENSES
Re: AMS-Related Activity

NAME: _____

ADDRESS: _____

_____

Payable to:
(If name not as above) _____

Date of Expense	***Description of Expense Claimed***	***GST Total****		***Total Amount***	
	Totals				
	Amount owing to Claimant				

AMS is a charitable organization under Revenue Canada and thus permitted to claim back a portion of our GST expenses.* ***Please ensure that GST is noted on all receipts, including those from credit card purchases**. For mileage costs, an itemized statement of expenditures is acceptable. For further information, please see the AMS travel and accommodation policy (revised May 2005) as noted on reverse. Please forward completed expense claim to : Associated Medical Services, Inc., 162 Cumberland Street, Suite 228, Toronto, Ontario M5R 3N5. Thank you.*

Please attach all receipts

I CERTIFY THAT THE ABOVE LISTED EXPENSES WERE INCURRED BY ME WHILE ENGAGED ON THE BUSINESS OF AMS

_____ _____

Date *Signature of Claimant*