**Expenses Review Cover Sheet – Top 5 Employees**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Public Entity:** |  | **Claim Period** | | | |
| **From:** |  | **To:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Expenses Officer:** |  | |  |  |
| **Number of Claims** |  | ***Reporting Group*** | **IC Office Use ONLY** | |
| **Top 5 Employees** | **Batch ID** |  |
| **IC** |  |

I confirm that the attached information is a true copy of **all** reviewable expense claims made by the designated persons, as provided for in the ***Public Sector Expenses Review Act,2009*** for the period indicated:

**Signature of Expenses Officer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please see attached **Information Sheet** for the details on what is required in the submission.

Expenses should be sent as a batch to:

**Office of the Integrity Commissioner**

2 Bloor Street West, Suite 2100

Toronto, ON, M4W 3E2

OR

*Page 1 of \_\_\_*

[expenses@oico.on.ca](mailto:expenses@oico.on.ca)

**Expenses Review Cover Sheet – Top 5 Employees**

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| --- | --- | --- | --- | --- | --- |
| **Name of Public Entity:** |  | **Claim Period** | | | |
| **From:** |  | **To:** |  |

**PART I – Top 5 Submission Summary**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Position** | **Total expenses claimed** | **Corporate credit card** | **Location where employee is based** | **Have the expenses of this person already been reviewed as a designated executive?** | **Is this person governed by a collective agreement?**  **(please provide copy)** |
| 1. |  | $ | □ Yes □ No |  | □ Yes □ No | □ Yes □ No |
| 2. |  | $ | □ Yes □ No |  | □ Yes □ No | □ Yes □ No |
| 3. |  | $ | □ Yes □ No |  | □ Yes □ No | □ Yes □ No |
| 4. |  | $ | □ Yes □ No |  | □ Yes □ No | □ Yes □ No |
| 5. |  | $ | □ Yes □ No |  | □ Yes □ No | □ Yes □ No |

**Expenses Review Cover Sheet – Top 5 Employees**

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| --- | --- | --- | --- | --- | --- |
| **Name of Public Entity:** |  | **Claim Period** | | | |
| **From:** |  | **To:** |  |

**PART II – Expense Claim Details**

\* Please list one expense report on each line (do not list each expense separately)

| **Name** | **Description of trip /**  **hospitality or claim** | **Amount of claim (including centrally billed items)** | **Travel Pre-Approval attached**  **(If applicable) Y/N** | **IC Office Use ONLY** | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Claim ID #** | **Info** | **Review** |
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**Expenses Review Cover Sheet – Top 5 Employees**

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| --- | --- | --- | --- | --- | --- |
| **Name of Public Entity:** |  | **Claim Period** | | | |
| **From:** |  | **To:** |  |

**PART II – Expense Claim Details**

\* Please list one expense report on each line (do not list each expense separately)

| **Name** | **Description of trip /**  **hospitality or claim** | **Amount of claim (including centrally billed items)** | **Travel Pre-Approval attached**  **(If applicable) Y/N** | **IC Office Use ONLY** | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Claim ID #** | **Info** | **Review** |
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**Submitting Expenses for Review – Information Sheet**

Expenses claimed by the designated persons are to be submitted to the Integrity Commissioner twice yearly.

|  |  |
| --- | --- |
| **If Claim Period is:** | **Claims are due:** |
| Jul - Dec | **Feb 28** |
| Oct - Mar | **May 31** |
| Jan – Jun | **Aug 31** |
| Apr – Sep | **Nov 30** |

When submitting a batch of expenses, please ensure that the following pieces of information are included:

* The cover sheet is completed and lists each claim (*e.g.* expenses for a trip or a hospitality event)
* Each expense report should be listed as a separate line item.
* Detailed information regarding business purpose of the expenses have been provided.
* Itemized receipts for all meals, accommodation (including room service/meal expenses), and travel (even if centrally billed)
* All copies of receipts are legible. If faded, please provide written breakdown of each item.
* Evidence of prior approval where required.
* The name, position, and organization of each attendee for hospitality claims.
* A copy of prior advice from the Integrity Commissioner, if sought.

**Cover Sheet**

Please complete the required information for each claim being submitted and use additional pages if needed. This table provides an explanation of the columns in the cover sheet:

|  |  |
| --- | --- |
| **Column** | **Description** |
| **Name of Designated Person** | Name of the person for whom a claim is being submitted. Each claim requires a separate line entry on the cover sheet. Multiple entries maybe required for an individual if the designated person has more than one claim for the period. Enter name of designated person even if zero claim to ensure completeness. |
| **Description of trip/hospitality** | Brief description of the nature of the trip or hospitality. |
| **Amount of Claim** | Enter the total amount of each claim. This amount should include centrally billed flights etc. |
| **Pre-Approvals** | Indicate if all the appropriate pre-approvals for travel have been attached to the claim. (Yes / No) |
| **Location where Employee Based** | Indicate Employees regular base of employment |
| **Corporate Card** | Indicate if the claimant has a corporate card (Yes / No) |
| **Claim ID #** | Each claim will be assigned a unique ID number by the Office of the Integrity Commissioner. This ID number will be used for tracking and Identification purposes. |