Gravenhurst Public Library
APPENDIX A - Policy PER-11
Payment of Employment or Board Member Related Expenses
Expense Form

2026 Expenses

2026 PERSONAL EXPENSE

NAME: **DEPT:**
INV# **EXP** **Month-Year**

DATE YYYY-MM-DD	PURPOSE/DESCRIPTION	GL Account	SUBTOTAL	HST	TOTAL
		SUB-TOTALS			

PERSONAL MILEAGE

GL CODE:
GENERAL **01.2.** **.65220**
CONFERENCE **01.2.** **.65250**
OTHER

DATE YYYY-MM-DD	PURPOSE/DESCRIPTION	# KM	RATE	AMOUNT	HST	TOTAL
			$0.730			
			$0.730			
			$0.730			
			$0.730			
			$0.730			
			$0.730			
			$0.730			
			$0.730			
			$0.730			
			$0.730			
			$0.730			
			$0.730			
		SUB-TOTALS				
		FINAL TOTAL				