

Cheque #

Date



Travel/Expense Claim Form

Name: _____

Home Mailing Address: _____

Postal Code: _____

Home or Cell Telephone Number: _____

School: _____

Reason for Travel/Event/Committee: _____

Date(s): _____

From: _____ To: _____ Kms: _____

From: _____ To: _____ Kms: _____

Total Kilometers _____ x Rate (\$0.55 per km) \$ _____

Meals:	#	Amount	
Breakfast	_____	(\$12)	\$ _____
Lunch	_____	(\$15)	\$ _____
Dinner	_____	(\$30)	\$ _____

Accommodation Details (Attach receipts) \$ _____

Incidentals: (\$8 per night) \$ _____

Other Expenses (Attach receipts) \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Grand Total (CDN) \$ _____

Signature: _____

Date: _____