EXPENSE CLAIM

DATE :	TOTALS
HOTEL : (attach receipts)	$

TRAVEL (OWN CAR):
  From _____ to _____
  Return: ☐
            total # of kilometers
          _____ @$0.58/km
	$

TRAVEL (attach receipts): Bus: ☐ Air: ☐	$

MEALS :   # of meals
  Breakfast_____ @$12.00=_____
  Lunch _____ @$18.00=_____
  Dinner _____ @$30.00=_____
	$

INCIDENTALS : _____ @$8.00/night	$
OTHER EXPENSES: (attach receipts) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	$
TOTAL EXPENSE CLAIM	$

NAME :

_____

ADDRESS :   _____

            _____

CLAIMANT SIGNATURE : _____

AUTHORIZERS :   1._____

               2. _____

EXPENSE CATEGORY: _____