



EXPENSE CLAIM

I hereby make claim for expenses incurred in connection with the business of the Association and certify that the amounts claimed are correct, were actually incurred and that I am not entitled to be reimbursed by any other party for these expenses.

Project(s) [please include specific dates, locations and type of activity]:

ITEMS	AMOUNT
Travel at \$0.40 per kilometer	_____
Meals at \$32.00 per day limit	_____
Breakfast \$ 7.00	
Lunch \$10.00	
Supper \$15.00	
Accommodations (attach original receipt)	_____
Other Expenses (itemize expenses and attach original receipts)	_____

	TOTAL _____

Date of Claim: _____

Name: _____

Address: _____ Postal Code _____

Telephone: _____ Signature: _____

For SASSA Office use ONLY:

Expense Account: _____ Approved By: _____

Date: _____ Cheque Number: _____