

# Expense Form



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]:**

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ITEMS	AMOUNT
Travel at \$0.55 per kilometer <input style="width: 50px;" type="text"/> KM X \$0.55 =	
Meals at \$32.00 per day limit	
Breakfast     \$ 7.00	
Lunch           \$10.00	
Supper          \$15.00	
Accommodations (attach receipt)	
Other Expenses (itemize expenses and attach receipts)	
<b>TOTAL</b>	\$ <input style="width: 50px;" type="text"/>

<b>Date of Claim:</b>	<input style="width: 100%;" type="text"/>		
<b>Name:</b>	<input style="width: 100%;" type="text"/>		
<b>Address:</b>	<input style="width: 95%;" type="text"/>	<b>Postal Code</b>	<input style="width: 25%;" type="text"/>
<b>City:</b>	<input style="width: 95%;" type="text"/>	<b>Signature:</b>	<input style="width: 100%;" type="text"/>

<b>Phone:</b>	<input style="width: 80%;" type="text"/>
<b>Email:</b>	<input style="width: 95%;" type="text"/>