



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 \$0.38 per kilometer <input type="text"/> KM X \$0.38 =	<input type="text"/>
Meals at \$32.00 per day limit	<input type="text"/>
Breakfast \$ 7.00	
Lunch \$10.00	
Supper \$15.00	
Accommodations (attach receipt)	<input type="text"/>
Other Expenses (itemize expenses and attach receipts)	<input type="text"/>
TOTAL	\$ <input type="text"/>

Date of Claim:	<input type="text"/>		
Name:	<input type="text"/>		
Address:	<input type="text"/>	Postal Code:	<input type="text"/>
Telephone:	<input type="text"/>	Signature:	<input type="text"/>

For SASSA Office use ONLY:			
Expense Account:	<input type="text"/>	Approved By:	<input type="text"/>
Date:	<input type="text"/>	Cheque Number:	<input type="text"/>