



EXPENSE CLAIM

Treasurer: Jocelyn Encinas

Scan & Email to: jcstickel@gmail.com

Name of Event:		
Location:	Event Date:	
Transportation		Grant in Aid:
		TOTALS
Airfare (attach receipt)		\$
Vehicle- From:	To:	
TOTAL KM:	@ \$0.58	\$
Taxi (attach receipt)		\$
Parking (attach receipt)		\$
Accommodation		
Hotel Room (attach receipt of standard room according to policy)		\$
Accommodation without receipt claim \$50		\$
Subsistence Allowance		
\$80 per NIGHT stayed on ATA functions	# of nights __ @ \$80/night	\$
Child Care	\$25 per local meeting or receipt amount	
Other (specify and attach receipt with clear explanation)		\$
Hospitality (include names on receipt of guests)		\$
TOTAL CLAIM		\$
Claimed by:		
Address:		
Signature:		