** EXPENSE CLAIM**

**Treasurer: Jocelyn Encinas**

**Scan & Email to:** **j****cstickel@gmail.com**

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| **Name of Event:** |
| **Location:** | **Event Date:**  |
| **Transportation** | **Grant in Aid:**  |
| **TOTALS** |
| **Airfare** (attach receipt) | $ |
| **Vehicle**- From: | To:  |  |
| TOTAL KM:  | **@ $0.65** | $ |
| **Taxi** (attach receipt) | $ |
| **Parking** (attach receipt) | $ |
| **Accommodation** |
| **Hotel Room** (attach receipt of an approved ATA hotel) | $ |
| Accommodationwithout 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)** | $ |
| **Hospitality (include names on receipt of guests)** | $ |
| **TOTAL CLAIM** | **$** |
| **Claimed by:** **Address:** |
| **Signature:** |