EXPENSE CLAIM

Treasurer: Josh Marshall

Scan & Email to: Josh.marshall@live.com

|  |
| --- |
| **Name of Event:** |
| **Location:** | **Event Date:** |
| **Transportation** |  |
| **TOTALS** |
| **Airfare** (attach receipt) | $ |
| **Vehicle**- From: | To: |  |
| TOTAL KM: | **@ $0.68** | $ |
| **Taxi** (attach receipt) | $ |
| **Parking** (attach receipt) | $ |
| **Accommodation** |
| **Hotel Room** (up to $200 prior to taxes/ night exc. ARA and SumCon) | $ |
| 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)** | $ |
| **Hospitality (include names on receipt of guests)** | $ |
| **TOTAL CLAIM** | **$** |
| **Claimed by: Address:** |
| **Signature:** |