EXPENSE CLAIM

Treasurer: Josh Marshall

Scan & Email to: [Josh.marshall@live.com](mailto:black03@telus.net)

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| **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:** | | |