

Expense Claim

Name:

Date:

Out of Pocket Expenses Breakfast \$15 /Lunch \$15 /Supper \$25 -Mileage \$.50 per KM

Date: Function: Location:

Description:

Breakfast:	Lunch	Supper	Mileage		Hotel	Other	Total Expense	Office Use only
			KM	\$0.50 Mileage Cost				
				\$0.50				
				\$0.50				
				\$0.50				
				\$0.50				
				\$0.50				

Date: Function: Location:

Description:

				\$0.50				
				\$0.50				
				\$0.50				
				\$0.50				
				\$0.50				
				\$0.50				

Total Expenses

Submitted by: _____

Approved by: _____