



## EXPENSE CLAIM FORM

NAME:

ADDRESS:

EVENT:

DATE:

**PLEASE ENSURE THAT YOU HAVE COMPLETED + SUBMITTED AN EFT ENROLLMENT FORM FOR ELECTRONIC PAYMENT**

TRAVEL EXPENSE		AMOUNT
air travel, train tickets (receipts required)		
ground transportation, taxi, ferry, car rental, fuel (receipts required)		
parking expenses (receipts required)		
private motor vehicle _____ km @ \$0.40/km		
MEALS		AMOUNT
Breakfast	_____ @ \$15.00 _____	
Lunch	_____ @ \$15.00 _____	
Dinner	_____ @ \$30.00 _____	
OTHER EXPENSES (details & receipts required)		AMOUNT

TOTAL (please specify if USD): \_\_\_\_\_

\_\_\_\_\_  
Applicant's signature