



**NEPEAN RINGETTE ASSOCIATION**

**Expense Claim – Attach required receipts, Submit to Treasurer**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Activity: Description / Location / Date: \_\_\_\_\_

EXPENSES: (receipt required only for accommodation and miscellaneous supplies)

Travel: Car \_\_\_\_\_ km @ \$.30 per km if in excess of 50 km round trip \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_

Meals: (paid when cannot reasonably be taken at home; maximum \$38.00 per day)

Breakfast \$ \_\_\_\_\_ Lunch \$ \_\_\_\_\_ Dinner \$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$8.00 max \$12.00 max \$18.00 max

Accommodations: (approval by executive in advance) \$ \_\_\_\_\_

Miscellaneous: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES CLAIMED** \$ \_\_\_\_\_

SIGNATURES: \_\_\_\_\_  
Claimant Date Coordinator Date

Date Received: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Cheque No. \_\_\_\_\_

NRA Signatures: \_\_\_\_\_  
Treasurer President
