



EXPENSE CLAIM FORM



Please use one form per meeting/claim purpose and submit your claim within 30 days of the meeting.

Full Name: _____ Meeting/Purpose of Claim: _____

Address: _____ Location/Dates: _____

Date	Description	61 cents/km or Receipt	Receipt Required	Per Diem Limits- no receipts required				Receipt Required
		Transportation	Accommodation	Breakfast 20.00	Lunch 20.00	Dinner 40.00	Incidental 15.00	Other
Subtotals								

Total Claim: _____

Signature of Claimant: _____ Date: _____

****For Office Use Only**

G.L. #: _____

Amount Approved: _____ Category/Committee to Charge: _____

Approved By: _____ Date: _____

Please allow four weeks for receipt of your reimbursement from the time your expense claim is received by the NSCMIRTTP office.