



# EXPENSE CLAIM FORM

Name of Applicant:	
Mailing Address:	

## Mileage Expenses

Date	Destination	Purpose / Project	Distance Traveled Return Km's	Reimbursed at \$0.32 per Km including GST	Total Mileage Reimbursed
				<b>TOTAL</b>	

## Other Expenses

Date	Expense Type (Air, hotel, per diem, office, phone )	Purpose / Project	Total Cost	GST Charged
			<b>TOTAL</b>	

Signature of Applicant: \_\_\_\_\_ Approved: \_\_\_\_\_

Date: \_\_\_\_\_ Cheq # issued: \_\_\_\_\_