



EXPENSE CLAIM

OUT OF TOWN TRAVEL EXPENSES

MODE OF TRAVEL: AIR AUTO (Circle one) DESTINATION: _____

PURPOSE OF TRIP: _____

DATES OF TRIP: From _____ to _____

Airfare	\$
Gasoline	\$
Meals	\$
Hotel	\$
Other (Specify)	\$ _____

TOTAL OUT OF TOWN TRAVEL EXPENSES \$ _____

COMMITTEE EXPENSES

Printing	\$
Photocopying	\$
Postage	\$
Supplies (Specify) _____	\$
Other (Specify) _____	\$ _____

TOTAL COMMITTEE EXPENSES \$ _____

TOTAL EXPENSES \$ _____

ALL RECEIPTS MUST BE ATTACHED

OFFICE USE ONLY
CHEQUE NO.
DATE:

NAME OF CLAIMANT: _____

COMMITTEE: _____

SIGNATURE OF CLAIMANT: _____

DATE: _____

APPROVED BY: _____