

Activity Expense Claim Form
Board of Directors / Appointed Committee Members (only)



Name: _____

All receipts must be attached.

Meeting						Total Expenses
LOCATION						
DATE						
Office Use Only	Acct. Codes					
Travel: Air						
Auto _____ km x\$.40						
Ferry / Taxi / Bus						
Tolls / Parking						
Car Rental						
Meals:						
Breakfast \$12.00						
Lunch \$13.00						
Dinner \$25.00						
Accommodation						
Other (specify)						
Total Expenses						

Signed: _____

Date: _____

Total Expenses: _____

Approved By: _____

Balance Due: _____