

DELEGATE'S SUPPLEMENTARY EXPENSE CLAIM

MEMBER NO: _____

NAME _____

ADDRESS _____

CITY _____ POSTAL CODE _____

			<u>CODE</u>
Travel	_____ kilometers @ 52¢	\$ _____	7252
Parking		\$ _____	7250
Taxi		\$ _____	7258
Bus		\$ _____	7258

MEALS

_____ Breakfast(s)	@ \$12.00	\$ _____	
_____ Lunch(s)	@ \$14.00	\$ _____	
_____ Dinner(s)	@ \$25.00	\$ _____	7254
Miscellaneous Overnight	_____ @ \$10.00	\$ _____	7255
Other	_____	_____	7255
	_____	_____	
		\$ _____	

SIGNATURE _____ DATE _____

APPROVED _____

DATE RECEIVED _____

ADD CHECKED _____

INVOICE APPROVED _____

OK TO PAY _____

ENTERED BY DATE _____