

North of Smokey-Inverness South Fishermen's Association

EXPENSE CLAIM FORM

NAME: _____

ADDRESS: _____

PHONE# _____

EXECUTIVE _____ DIRECTOR _____ DELEGATE _____ EMPLOYEE _____

NATURE OF MEETING: _____

DATE(S): _____

LOCATION: _____

RECORD OF EXPENSES		TOTALS
Travel # of Kilometers _____	@.45/KM	\$
MEALS		
BREAKFAST @\$12.00 _____	\$	\$
LUNCH @ \$18.00 _____	\$	\$
DINNER @ \$20.00 _____	\$	\$
ACCOMMODATIONS	\$	\$
AIRFARE	\$	\$
POSTAGE	\$	\$
PHONE/FAX:	\$	\$
OTHER	\$	\$
TOTAL CLAIM		\$

CLAIMANTS SIGNATURE _____ Approved by _____ Date _____