

Expense Claim

Board members

_____ Meeting Days

Board Member: _____
(please print)

_____ kms travelled @ approved rate

Date of Meeting: _____, 20_____

\$ _____

Purpose of Meeting: _____

Expenses:

	Meals/day @ \$50.00 per meeting day	\$ _____
	Travel Expense = kms @ approved rate	\$ _____
	Meal Allowance = kms @ approved rate	\$ _____
	Days Incidental Expense @ \$10.00 when outside the community excluding travel days	\$ _____

Other Expenses Supported by Receipts (itemize):

Hotel/Private Residence/Bed Roll	\$ _____
Taxi	\$ _____
Other	\$ _____
TOTAL EXPENSES:	\$ _____
TOTAL AMOUNT OWING:	\$ _____

I hereby certify that the above noted expenditures were incurred on Board business.

_____ Regular

Signature of Board Member

_____ Committee

Approved for Payment

Convention:

_____ Board Approved

_____ Personal Professional Development