



ipac NL Travel Expense Claim Form

Please complete in detail

Expense forms to be completed within one month of expenditure

ITEM				TOTAL
A. Transportation (indicate if billed to travel agency) <ul style="list-style-type: none"> • PUBLIC (airfare) _____ • PRIVATE _____ 42 cents per kilometer 				
B. Accommodation <ul style="list-style-type: none"> • Hotel: # of nights _____ • Cost per night _____ 				
C. Meals (Maximum of \$70.00/day with receipts)				
Date	Breakfast (15)	Lunch (20)	Dinner (35)	
D. Other Long Distance telephone claim to be completed, if applicable				
E. TOTAL CLAIM				

Please attach all receipts

Name _____ **Phone ()** _____ **Date of Claim** _____

Address _____

Conference or Meeting _____ **Dates** _____

(Claimant signature)

(Claim approved-executive member)

Date _____

Cheque # _____

Payee _____