

## TRAVEL EXPENSE FORM

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

This Account Covers \_\_\_\_\_

*Indicate type of Expense or Meeting*

**PARTICULARS:**

ITEM	DAY OF WEEK							TOTAL
Car Mileage (55¢/km)								
Air, Rail, Bus								
Taxi/Parking								
Hotel (Room Only) Rate								
Meals								
Gratuities								
Other <i>(specify)</i>								

**TOTAL EXPENSE \$** \_\_\_\_\_

**RECEIPTS MUST ACCOMPANY ALL CLAIMS**  
(with the exception of car mileage or gratuities).

I hereby certify this to be a correct statement of my expenses  
incurred on behalf of CCI-GRC

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR NATIONAL OFFICE USE ONLY**

Cheque # \_\_\_\_\_

Date: \_\_\_\_\_

Acct. No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

Acct. No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

Acct. No. \_\_\_\_\_ Amount \$ \_\_\_\_\_