NAIT ACADEMIC STAFF ASSOCIATION

EXPENSE CLAIM
(Rates effective February 1, 2011)

NAME: _____ **Office Bank No:**_____

ADDRESS: _____ **PHONE (Bus):** _____

ACTIVITY ASSOCIATED WITH EXPENSE: _____

_____

_____

DATES: _____

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ACCOMMODATION: Without Receipt: _____ @ $20.00/night $ _____

With Receipt: _____ days @ $ _____ /night $ _____

MEALS: Breakfast   @ _____ $15.00 = $ _____

Lunch   @ _____ $15.00 = $ _____

Dinner   @ _____ $30.00 = $ _____ $ _____

PER DIEM ALLOWANCE: _____ @ days @ $10.00 per day $ _____
(For each overnight stay away from regular domicile)

MILEAGE: _____ kilometres @ .505¢ per $ _____
(Complete detailed travel log on the reverse of this form)

FARES: Air _____ $ _____

Taxi _____ $ _____

Bus _____ $ _____

MISCELLANEOUS: _____ $ _____

_____ $ _____

_____ $ _____

   TOTAL: $ _____

Signature: _____ **Date:** _____

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Approved by: _____ _____ _____

   Cheque #   **Date:**

Cost Code: _____

DETAILED TRAVEL LOG

NAME:

_____

DATE	FROM	TO	PURPOSE OF TRIP	DISTANCE (Kilometres)
			Total Kilometres	