



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: _____

Approved by: _____

Cheque # _____

Date: _____

Cost Code: _____

