

Expense Claim

Board members

Type of Meeting:

- Regular Board Meeting
 Board approved convention
 Professional Development
 Other; _____

Dates of meeting/PD: _____ Location: _____

Number of meeting/PD days: _____

Name of Board Member: _____

Mileage and Meals:

Box A

	Meals/day @ \$41.00 per meeting day	\$
	Travel Expense = kms @ approved rate	\$
	Meal Allowance = kms @ approved rate (\$0.06/km)	\$
	Total	\$

Other Expenses Supported by Receipts (itemize):

Box B

Hotel/Private Residence/Bed Roll	\$
Taxi	\$
Other	\$
Total	\$
Total Reimbursement (Box A + Box B)	\$

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

Signature of Board Member

Date

Approved for reimbursement:

Signature

Date