



AUFA

Expense Claim Form

Conference Name (if applicable): _____ Reason for trip: _____
 Start Date (yyyy-mm-dd): _____ End Date (yyyy-mm-dd): _____

First and Last Name: _____ eTransfer Email: _____
 Mailing Address: _____ Telephone: _____

Vehicle Usage	_____ KM @ \$_____/KM
Vehicle Usage	_____ KM @ \$_____/KM

Total Mileage: _____

Date (yyyy-mm-dd):	Description	Cost

Per Diem Rates
Breakfast \$20
Lunch \$20
Dinner \$40
Incidentals \$15

For Office Use Only

Journal Number: _____
Filing Number: _____

Balance Due: _____

Claimant Signature: _____ Date: _____
 Approval Signature: _____ Date: _____