

**New Brunswick Hospice Palliative Care Association
Travel Expense Claim**

Name: _____

Address: _____

Reason for Travel: _____

Departure Date: _____ Departing from: _____

Return Date: _____ Returning from: _____

EXPENSE DETAILS					Internal Use Only	
					\$ Claimed	
<input type="checkbox"/>	Travel					
<input type="checkbox"/>	Air or Rail (attach receipts)				\$ _____	
<input type="checkbox"/>	Car Rental (attach receipts)				\$ _____	
<input type="checkbox"/>	Gas (attach receipts)				\$ _____	
	OR					
<input type="checkbox"/>	Mileage:	_____	Total Km @ \$ 0.41 per km		\$ _____	
<input type="checkbox"/>	Meals					
			In Province	Out of Province		
	Breakfast	_____ days @	\$ 7.50	\$ 10.00	\$ _____	
	Lunch	_____ days @	\$ 10.50	\$ 12.00	\$ _____	
	Dinner	_____ days @	\$ 19.50	\$ 24.00	\$ _____	
<input type="checkbox"/>	Registration Fee (attach receipt)				\$ _____	
<input type="checkbox"/>	Accommodation (attach receipts) _____ nights @ _____				\$ _____	
<input type="checkbox"/>	Other (details & receipts) _____				\$ _____	
<input type="checkbox"/>	Other (details & receipts) _____				\$ _____	
	Total Expenses Claimed				\$ _____	
	Less: Travel Advance Received				\$ _____	
	Balance Owing				\$ _____	

Signature: _____

Date: _____