

New Brunswick Hospice Palliative Care Association Association Soins Palliatif de Nouveau-Brunswick Expense Claim

Name: _____

Address: _____

Reason for Travel/ Expense: _____

Departure Date: _____ Departing from: _____

Return Date: _____ Returning from: _____

EXPENSE DETAILS

	\$ Claimed	Internal Use Only
<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 kms @ \$ 0.41 per km	\$ _____	
<input type="checkbox"/> Meals		
Breakfast _____ days @	In Province \$ 7.50 Out of Province \$ 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: _____