



# EXPENSE CLAIM FORM

PROJECT: Women in2 Healing

Submitted By: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TRAVEL		GST	Total
Automobile:			
Parking:			
Air:			
Taxi:			
Other: (Please list)			

ACCOMMODATION	GST	Total
_____ days at \$ _____ / day		
_____ days at \$ _____ / day		

MEALS		GST	Total
Breakfast:	(maximum \$8.25 each)		
Lunch:	(maximum \$11.25 each)		
Dinner:	(maximum \$17.25 each)		
Meetings:			

OTHER EXPENSES		GST	Total
(Please list)			

TOTAL		GST	Total
Grand Total:			

ORIGINAL RECEIPTS MUST BE ATTACHED FOR ALL EXPENSES BEING CLAIMED

NOTE: ALL REIMBURSEMENTS MUST BE APPROVED BY WOMEN IN2 HEALING FINANCIAL COMMITTEE