



TRAVEL & EXPENSE CLAIM

CLAIMANT INFORMATION

Name (Cheque Recipient): _____

Mailing Address: _____

Email Address: _____

Telephone: _____

Group Affiliation & Location: _____

EVENT ATTENDED

Board Meeting

AGM

ACTFest

Other:

EXPENSES

TRAVELLED FROM:

TO:

Return Trip Distance (kms)

X

/km = \$

OTHER EXPENSES

\$

(With receipts):

\$

TOTAL REIMBURSEMENT \$

CLAIMANT SIGNATURE: _____

DATE: _____

Cheque #: _____