TRAVEL EXPENSE CLAIM FORM

FROM: _____ TO: Deanery Treasurer
(Claimant's Name)

_____
(Address)

_____

Attended meeting of _____
(Name of Committee, etc.)

on _____ in _____
(Date) (location)

from _____ to _____
(Point of Origin) (Destination)

Auto KM: _____ KM @ 0.37 = $ _____

Transportation **must** be pooled. Please complete.

Accompanied by:

_____ _____
(Signature)

_____

_____