

Claimant

Name

Association / union

Month

Purpose of expenditure / event(s)

Claim for

- CAUT
 Defence Fund
 NUCAUT
 Harry Crowe Foundation

General Expense Claim

Expenditure

Indicate date(s)

	S	M	T	W	T	F	S
PARKING	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TAXI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HOTEL / INTERNET	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BREAKFAST \$19/day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LUNCH \$19/day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DINNER \$48/day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
INCIDENTALS \$17/day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PARKING

TAXI

HOTEL / INTERNET

BREAKFAST \$19/day

LUNCH \$19/day

DINNER \$48/day

INCIDENTALS \$17/day

1

2

3

4

5

6

7

Travel

TICKET

Enter \$ amounts for air, rail, bus & car rental

Prepaid

+

Exchange

+

Other

Paid by member

+

Exchange

+

Other

AUTO

Enter km amount

Kilometres

x

Kilometre rate

8

9

10

11

12

Subtotals

ADVANCE TOTAL

Cash advance

+

Prepaid ticket

From line 8 above

Cost

Add lines 1 to 10

Less Advance

Cash + prepaid ticket

Please complete in full.

Attach receipts for air, rail, bus fare, parking, taxis, hotel & internet access. Only signed & dated forms accompanied by receipts will be processed.

Submit completed claims to: 2705 Queensview Drive, Ottawa, Ontario K2B 8K2
Tel: 613-820-2270 / Fax: 613-820-7244 / Email: belsher@caut.ca

CLAIM TOTAL

Line 11 - 12

Cheque payable to

Name

Address

City

Province

Postal code

Signature (of claimant)

Date signed

FOR OFFICE USE ONLY

Approved