

STAFF
EXPENSE CLAIM FORM

<u>DATE</u>				<u>PURPOSE</u>	<u># KM.</u>
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____

TOTAL MILEAGE _____

TOTAL NUMBER OF KM. _____ @ .47 PER KM. = \$ _____

(Transfer to reimbursement request and
attach form)