

Trumpeter Local #26 Leadership Essentials Expense Claim Form

Name/School: _____

Travel

- ❖ _____ km @ \$0.65/km (driver only) *or*
- ❖ Airfare (receipt required)

Total Travel.....\$ _____

Meals

- ❖ _____ Meals @ \$15.00 per meal *or*
- ❖ Receipts included

Total Meals\$ _____

Accommodation

- ❖ Official hotel receipt showing ATA rate is required
- ❖ If you shared accommodations:
 - On the receipt, write the names of all people who shared the room
 - Copy the receipt and give a copy to each person
 - Claim your share of the expenses
- ❖ Private (claim if you stayed with family or friends)
- ❖ _____ nights @ \$50.00/night

Total Accommodation\$ _____

Other

- ❖ Specify and provide receipts
- ❖ _____ \$ _____
- ❖ _____ \$ _____

Total Other.....\$ _____

Total Claim.....\$ _____

Signature _____

Submit claim to Syliva Tokamp @ GP Christian School