



Honoraria and Non-Employee Expense Claim Form

Claimant's name: <small>(cheque payable to)</small>	
Mailing address:	
Meeting/event:	

TRAVEL		(\$0.61 per km)			
Date	From	To	Airfare	Kilometres	Amount
TRAVEL SUBTOTAL					

ACCOMMODATION		(Receipt required; maximum \$310.00)
Date(s)	Venue(s)	Amount
ACCOMMODATION SUBTOTAL		

MEALS		(Breakfast \$15, lunch \$20, dinner \$35)		
Type of Meal	Per Meal	Number of Meals	Amount	
Breakfast	\$15			
Lunch	\$20			
Dinner	\$35			
MEALS SUBTOTAL				

OVERHEAD/OPERATIONAL		
Expense Category	Expense Description	Amount
Administration		
Equipment		
Honorarium <small>(including investigation, reports, etc.) See Policy for amounts</small>		
Office supplies		
Maintenance or repairs		
Parking		
Other (please specify)		
OVERHEAD/OPERATIONAL SUBTOTAL		

TOTAL AMOUNT CLAIMED	
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I hereby certify that all expenses were incurred on College business and the amounts claimed have not previously been paid to me or on my behalf.

Claimant's signature: _____ Date: _____

For Office Use Only			
Approved by: _____	Date reimbursed: _____		
Cheque no. _____	Amount paid: \$ _____		