



Canadian Yachting Association EXPENSE REPORT for Staff

Name: _____

Address: _____ Postal Code: _____

Telephone: (O) _____ (H) _____ email: _____

Purpose of Travel: _____ Dates: from _____ to _____

Budget Manager: _____ Authorization Attached: Yes / No

Travel Location: From _____ to _____

<u>EXPENSE</u>	<u>CLAIM</u>
Travel	
Air	\$ _____
Auto \$0.36 x _____ Kms	\$ _____
Towing \$0.10x _____ Kms	\$ _____
Taxis	\$ _____
Other	\$ _____
Accommodation	
No. of Nights _____ x \$ _____	\$ _____
No. of Nights _____ x \$ _____	\$ _____
Meals	
Must be supported with receipts attached.	\$ _____
	\$ _____
	\$ _____
Miscellaneous	
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTALS	\$ _____

**Original receipts must be attached - photocopies and travel agent billings are not acceptable.
Complete, sign and return within three weeks of the event.**

Air Travel: Only reasonable economy airfare will be reimbursed. Original proof of purchase and boarding pass must be included.

Travel by Private Car: Reimbursed \$.36/km up to maximum of most economical means available.

Train, Bus, Ferry, and Taxi Travel: Original receipts required. Only reasonable amount for taxi fares will be considered.

Hotel Accommodation: Most economical with receipt or \$13.50 per day without a receipt.

Meals: maximum meal amounts: \$ 10.00/ Breakfast, \$15.00/Lunch, \$25.00/Dinner.

I certify that the expenses claimed were incurred on behalf of the Canadian Yachting Association and will not be reimbursed from any other source.

Signature: _____ Date: _____

Mail signed form to: CANADIAN YACHTING ASSOCIATION, 53 Yonge Street, Kingston, Ontario K7M 6G4