

**New Brunswick Hospice Palliative Care Association
Travel Expense Claim**

Name: _____

Address: _____

Reason for Travel: _____

Departure Date: _____ Departing from: _____

Return Date: _____ Returning from: _____

EXPENSE DETAILS					Internal Use Only	
					\$ Claimed	
<input type="checkbox"/>	Travel					
<input type="checkbox"/>	Air or Rail (attach receipts)			\$ _____		
<input type="checkbox"/>	Car Rental (attach receipts)			\$ _____		
<input type="checkbox"/>	Gas (attach receipts)			\$ _____		
	OR					
<input type="checkbox"/>	Mileage:	_____	Total Km @ \$ 0.50 per km	\$ _____		
<input type="checkbox"/>	Meals		In Province	Out of Province		
	Breakfast	_____ days @	\$ 10.25	\$ 13.60	\$ _____	
	Lunch	_____ days @	\$ 14.35	\$ 16.30	\$ _____	
	Dinner	_____ days @	\$ 26.60	\$ 32.65	\$ _____	
<input type="checkbox"/>	Registration Fee (attach receipt)			\$ _____		
<input type="checkbox"/>	Accommodation (attach receipts) _____ nights @ _____			\$ _____		
<input type="checkbox"/>	Other (details & receipts) _____			\$ _____		
<input type="checkbox"/>	Other (details & receipts) _____			\$ _____		
	Total Expenses Claimed			\$ _____		
	Less: Travel Advance Received			\$ _____		
	Balance Owing			\$ _____		

Signature: _____

Date: _____