

CCO - TRAVEL RECORD & CLAIM FORM

Event/Activity: _____

Date of Event: _____

Participant (Name): _____ Club: _____

Mailing Address (Street): _____

City: _____ Postal Code: _____ Telephone: _____

E-mail address _____ Fax: _____

TRAVEL (receipts mandatory)

Mode of Travel	From	To	# km @ \$.30 or	Total
			Air Fare/Rental Costs	
total travel				

ACCOMMODATION (receipts mandatory)

Hotel/City	# of Nights	rate per night		total
total Accomodation				

MEALS

Date (s)	# of Breakfasts @ \$5	# of Lunches @ \$8	# of Dinners @ \$12	Total Cost
total meals				

Misc EXPENSES (receipts mandatory)

Item	Date	Description		total
total misc				

Honorarium (if applicable)

Total Expenses 0

TOTAL EXPENSES: _____ **Cheque payable to:**

Date Submitted	date issued	cheque #