



Central Québec Teachers' Association

C.P.2022, Jonquière, Québec, G7X 7X6

Expense Claim Form

Claimant

Name: _____

Address: _____

City: _____

Postal Code: _____

Signature: _____

Reason

Event: _____

Date: _____

Location: _____

Other: _____

A. Transportation

1. car _____ km \times 50¢/km \$ _____

_____ passengers \times 5¢/km \times _____ km \$ _____

name of passengers: _____

*2. car rental \$ _____

*3. plane bus train \$ _____

*4. taxi \$ _____

*5. parking \$ _____

B. Accommodation (\$20/night allowable without receipt)

*hotel: _____ \$ _____

dates: _____

C. Meals

date	breakfast (\$10)	lunch (\$15)	dinner (\$25)	
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

D. Other Expenses (please specify)

* _____ \$ _____

Total: \$ _____

* original receipt required