



# Y's Men International - Maritimes Region **EXPENSE CLAIM FORM**



Name: \_\_\_\_\_

Office Held: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date Expenses Incurred: \_\_\_\_\_

Description:

Travel \_\_\_\_\_ kilometers @ .35 km \_\_\_\_\_

Lodging (location \_\_\_\_\_) \_\_\_\_\_

Meals: \_\_\_\_\_

Additional Fees (Tolls) \_\_\_\_\_

Other: \_\_\_\_\_

TOTAL \_\_\_\_\_

Describe reason for expenses and the amount to be allocated to the budgeted line item:

\_\_\_\_\_  
\_\_\_\_\_

**All claims must be accompanied by receipts  
to be eligible for reimbursement**

Cheque # \_\_\_\_\_ Date Issued: \_\_\_\_\_ Approved By: \_\_\_\_\_