



Area 78 Expense Claim Form



Name: _____

Date: _____

Address: _____

Position: _____

Purpose of Expense: _____

Travel Related Expenses:

Mileage from Chart: (Or: _____ KMs @ \$0.50/km = _____ \$ _____)

Less Shared Expenses \$ (_____)

Air, Train or Bus Fare (Receipts Required) _____ \$ _____

Hotel (Receipt if not booked by Area 78) _____ \$ _____

Less Shared Expenses \$ (_____)

Meals (Receipts if not charged to room) _____ \$ _____

Registration _____ \$ _____

Other Travel (Receipt required) _____ \$ _____

A. Total: \$ _____

Other Expenses

Please provide a brief explanation of what was purchased and attach a receipt.
Scanned and e-mailed receipts are OK.

Printing _____ \$ _____

_____ \$ _____

_____ \$ _____

Postage _____ \$ _____

_____ \$ _____

Office Supplies _____ \$ _____

_____ \$ _____

_____ \$ _____

Workshop Supplies _____ \$ _____

_____ \$ _____

Equipment _____ \$ _____

_____ \$ _____

Archives Items/Other _____ \$ _____

B. Total: \$ _____

A. + B. = Total Expenses \$ _____

Signature, if not e-mailed _____