

CPF-NB Travel Expense Form

Name: _____

Check purpose or activity related to trip:

Address: _____

- Executive/Board Meeting
- Chapter Development
- Partnership Liason
- Other (specify _____)

City: _____

Phone: _____

TOTAL CLAIM: \$ _____

Itemization of mileage and other travel expenses:

	From	To	Date of Travel	
Mileage Claim				
	_____ kilometres @ .30 per kilometre = \$ _____			
Date	Explanation	Accommodation*	Meals **	Other
Admin: GST				

* Accommodation (attach receipts)

** Meals (attach receipts):: \$50.00 maximum per day (\$10 breakfast; \$15 lunch; \$25 Supper)

I hereby certiv that I have incurred the above expenditures on behalf of Canadian Parents For French - New Brunswick.

Signature

Return to:

CPF-New Brunswick
P. O. Box 4462
Sussex, N-B E4E 5L6

I wish to donate \$ _____ of this claim to Canadian Parents for French - New Brunswick.

Signature

For-Administrative Use Only

Total amount reimbursed -
(claim minus-donation) _____

Cheque #- _____

Date: _____