



WQTA EXPENSE CLAIM

cheque no. _____

Date : _____

Name : _____

Address : _____

Meeting/Event: _____

TRAVEL

Mileage from _____ to _____ = _____ km
(school) (meeting place)

Mileage from _____ to _____ = _____ km
(meeting place) (home address or school,
whichever is shorter)

Total _____ km x 0.50 + passenger(s) _____ x 0.05 km = \$ _____

Total Travel \$ _____

ACCOMMODATION

Number of nights _____ \$ _____

Total Accommodation \$ _____

MEALS (Receipts must be attached. Maximums are indicated below)

Date(s)	Breakfast (\$15.00)	Lunch (\$20.00)	Dinner (\$30.00)	
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Total Meals \$ _____

OFFICE EXPENSES

Rent	\$ _____
Hydro	\$ _____
Telephone	\$ _____
Office Maintenance	\$ _____
Office Supplies	\$ _____
Postage	\$ _____
Gazifère	\$ _____

SALARIES

Staff	\$ _____
Union Dues	\$ _____
QPP	\$ _____
QHIP	\$ _____
EI	\$ _____
RETRAITE QC	\$ _____
Miscellaneous	\$ _____

Total office expenses and salaries \$ _____

TOTAL CLAIM \$ _____

x Signature of Claimant _____