

EXPENSE CLAIM FORM

LIFESAVING SOCIETY
Newfoundland & Labrador Branch

(709) 576-1953 (tel) (709) 738-1475 (fax)

Claimant: _____ Period from: _____ to _____

NB Original receipts MUST be submitted for travel reimbursement.

	SUN	MON	TUES	WED	THU	FRI	SAT	TOTALS
Gas Expense (receipt)								
Parking and Tolls								
Auto Rental								
Taxi/Limo								
Other (Air, Rail or Bus)								
TOTALS								
Lodging								
Breakfast 6.00								
Lunch 9.00								
Dinner 15.00								
Sub-total Meals								
TOTALS								
Supplies/Equipment								
Phone/fax services								
Entertainment (below)								
TOTAL PER DAY								

DETAILED ENTERTAINMENT RECORD

DATE	ITEM	PERSONS ENTERTAINED BUSINESS RELATIONSHIP	PLACE NAME LOCATION	BUSINESS PURPOSE	AMOUNT

PURPOSE OF TRIP	
	TOTAL

Prepared by (signature) _____ DATE _____

Approved by (signature) _____ DATE _____