

## AUFA Expense Claim Form

**DATES:** From \_\_\_\_\_ To \_\_\_\_\_

**EVENT:** \_\_\_\_\_

Day	Fare From: _____ To: _____ From: _____ To: _____	Parking	Taxis	Hotels	Auto@ 55.5¢ km	Breakfast \$10.00/day	Lunch \$15.00/day	Dinner \$35.00/day	Sundries \$15.00/day
RECEIPTS REQUIRED					NO RECEIPTS REQUIRED				
Mon. _____									
Tues. _____									
Wed. _____									
Thurs. _____									
Fri. _____									
Sat. _____									
Sun. _____									
	\$	\$	\$	\$	\$	\$	\$	\$	\$

**TOTAL of All Columns:** \$ \_\_\_\_\_

**LESS Cash Advance Received:** \$ \_\_\_\_\_

**LESS Ticket prepaid:** \$ \_\_\_\_\_

**TOTAL Claim on this Voucher:** \$ \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

Please return this claim and attached receipts to the Treasurer of AUFA.