**AUFA**

**Expense Claim Form**

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day | Fare  From:\_\_\_\_\_\_\_\_\_\_\_\_  To: \_\_\_\_\_\_\_\_\_\_\_\_  From:\_\_\_\_\_\_\_\_\_\_\_\_  To: \_\_\_\_\_\_\_\_\_\_\_\_ | Parking | | Taxis | Hotels | | Auto@  58¢ km | Breakfast  $23.60/day | | Lunch  $23.90/day | | Dinner  $58.60/day | | Sundries  $17.30/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.