

**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
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	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.