

Honoraria and Non-Employee Expense Claim Form

Claimant's na			_	_			1
Claimant's na Email Addres							
Email Addres (to receive e-tra							
Meeting/eve	,						
IVICCUIIB/ CTC	ant.						
TRAVEL		GL #:	_	(\$0.61 p	or km)		
	_						
Date	From	То	Airfare	Kiloi	metres		Amount
					1		
TRAVEL SUBTO	I \TAI				-		
IIIAVEEUU.	7175			1	1		
ACCOMM	ODATION	GL #:	(Rece	eipt required; n	กลximum ร์	\$310 <u>00</u>)	
Date(s)	Venue(s)	V	, -	sipt require,	luxiii)510.55,	Amount
Date(s)	Venue(3)						Alliount
ACCOMMODA	TION SUBTOTA						
r.ccc	MONTOC .	NL .					
MEALS		GL #:	(Breakf	fast \$15, lunch	\$20. dinne	or \$35)	
Type of Mea	ı	V =	Per Meal	Number of		ji 955,	Amount
Breakfast			\$15	Number c.	IVICAIS		Alliound
Lunch			\$15				
Dinner			\$35	+			
MEALS SUBTO	TAI.	1					
						<u> </u>	
OVERHEA	AD/OPERA	TIONAL					
Expense Cate		Expense Description				Amount	GL#
Administration		- Indiana					
Equipment	<u>'</u>						
Honorarium (in	ncluding investigation,						
reports, etc.) See Poli	icy for amounts						
Office supplies			_				
Maintenance o	or repairs						
Parking Other (please)					+		
Other (please :	specity) PERATIONAL SU	IDTOTAL	_				
OVEKHEADIOI	PEKATIONALSC	JBIUIAL			i		
TOTAL AN	MOUNT CL	AIMED					
IUIALA	/IUUNI UL	Alivied					
I haraby carti	:4, +hat all ovr	word incurred on Call	less business and the a		- d have no	+ proviously	hica naid
to me or on r		penses were incurred on Coll	ege Dusiness and the a	Miouiis ciaiiie	ta Have no	t previously	Deen paid
	•						
Claimant's sig	gnature:			Date:			
		For	Office Use Only				
Approved by	<i>/</i> :		Date reimbu	irsed:			
Cheque no.			Amount paid	d: \$			