

Williams Lake Studio Theatre Society

TRAVEL EXPENSE FORM

Traveller's Name _____

Address _____

Purpose of Travel _____

MILEAGE CLAIMED:

Date	From	To	KM
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Total km _____ @ 54 cents/km = \$ _____

ACCOMMODATION EXPENSES:

_____ nights @ \$ _____ = \$ _____
(Attach receipts for hotel)

MEAL EXPENSES:

_____ Breakfasts @ \$17.00 = \$ _____

_____ Lunches @ \$17.00 = \$ _____

_____ Supper @ \$17.00 = \$ _____

Total Meal Expenses: \$ _____

Total Travel Amount Claimed: \$ _____
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Board Approved Reimbursement Amount: \$ _____

Signature of Board Member _____