

EXPENSE CLAIM

(to be used to claim all out-of-pocket and claimable expenses)

Expense Form

Name _____

Date _____

Institute _____

ACIFA Event _____

Travel or Event Period From _____ To _____

Date (mm/dd/yy)	Description	Meals \$	Lodging \$	Other \$	Total CDN \$
Currency Rate:		Total Expenses			

I certify that the expense(s) claimed were actual and allowable expenses incurred (a) while traveling on authorized ACIFA business or (b) in the course of conducting authorized ACIFA business.

_____ Date _____
Printed Name / Signature

_____ e-mail for EFT or e-transfer

Additional: EXPENSE totals	
ADD: Distance Detail (attached) km _____ @ .61/km	
TOTAL EXPENSE CLAIM	
Processing Notes	

Check off the following and obtain approval signature ONLY if applicable

Additional approval required, as the claim includes alcohol, as referenced in ACIFA - Travel and Expense Claim Policy

_____ Date _____
Designated Signing Officer Signature

