Name Association / union			Claim for CAUT Defence Fund NUCAUT Harry Crowe Foo	ındation	General Expense Claim
Month	Purpose of expenditure / event(s)				Claim
Expenditure Indicate date(s) PARKING	S	w	TF	S	1
TAXI					2
HOTEL / INTERNET	\rightarrow	_			3
BREAKFAST \$21.90/day					4
LUNCH \$22.15/day					5
	_	_			6
DINNER \$54.40/day					
INCIDENTALS \$17.30/day	FOR OFFICE USE ON				7
■ Travel	Prepaid	Exchange	Other +		8
TICKET Enter \$ amounts for air, rail, bus & car rental	Paid by member	Exchange	Other		0
raii, bus & cai rentai	4	+	+		9
AUTO Enter km amount	Kilometres	Kilometre rate \$0.580			10
■ Subtotals				Cost	11
ADVANCE TOTAL	Cash advance	Prepaid ticket	Add lin	es 1 to 10	
	4	From line 8 above	Cash + prep		12
Please complete in full. Attach receipts for air, rail, bus fare Submit completed claims by ema Questions may also be directed to	il to TravelClaims@caut.ca	et access.	CLAIM	TOTAL	Line 11 – 12
■ Cheque payable	to				
Name		Add	ress		
City		Province	Postal code		
					FOR OFFICE USE ONLY
Signature (of claimant)				Approved	
		Date	esigned		

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