General Submit completed claims and questions by email to TravelClaims@caut.ca All travel-related expenses must be submitted within 30 days of the event's completion. **Expense ■ Claimant** Name **Select Organization for claim** CAUT Claim ☐ Defence Fund Association / union ■ NUCAUT ☐ Harry Crowe Foundation **Executive Committee**, Month Purpose of expenditure / event(s) Committee Members, NUCAUT, Defence Fund, Guest **■** Expenditure Indicate date(s) **PARKING** 1 TAXI 2 **HOTEL/INTERNET** 3 BREAKFAST \$28.40/day 4 **LUNCH** \$27.40/day 5 DINNER \$57.70/day 6 INCIDENTALS \$17.30/day 7 **APPROVED** 8 **DEPENDANT CARE** 9 **MISCELLANEOUS** ■ Travel Paid by member Other Enter \$ amounts for air, rail, bus & car rental 10 + **Kilometres** Kilometre rate **AUTO** x 11 \$0.635 Enter km amount Cost 12 Add lines 1 to 10 Cash advance Subtotals **ADVANCE TOTAL** Less cash advance 13 **CLAIM TOTAL** Line 12 – 13 **■** Cheque payable to Name Address City Province Postal code

Date signed

Please complete in full. Attach receipts for air, rail, bus fare, parking, taxis, hotel & internet access.

Version July 1, 2025 - July 1, 2026

Signature (of claimant)