



Canadian Media Guild
La Guilde canadienne des médias
TNG Canada / CWA

EXPENSE CLAIM

NAME	
EMPLOYER & LOCATION	
REPORT DATE	

Date(s)	Purpose: Committee / Name of Meeting	Transportation: Air, Bus, Rail, Car Rental, Gas	Automobile Mileage @ .35/km - provide details below	Taxi, Tolls, parking, Etc.	Hotel / Lodging	Daily Incidental (\$5 for each overnight stay)	MEAL ALLOWANCE			Miscellaneous Expenses (provide details)	TOTAL
							Breakfast (\$15)	Lunch (\$15)	Dinner (\$30)		
											\$
											\$
											\$
											\$
											\$
											\$
											\$
											\$
											\$
											\$
											\$
TOTAL											\$

DETAILS of Automobile Mileage			
Date	Mileage (km's)	Purpose	Amount

DETAILS of Miscellaneous Expenses			
Date		Details	Amount

Expense Summary		Amount
Total Expenses Reported		
Less Cash Advance:	Transportation Per Diem	
Total Due		\$

Signature _____

Approved By _____

Date _____

Instructions
Payable To / Mail To: FULL* Address
<small>* FULL address essential for mailing out of expense cheques.</small>