GASHA

Travel Expense Claim

PLEASE PRINT CLEARLY

Name _____

Dept/Facility _____

Address _____

Address _____

Acct #/ Amount _____

Acct #/ Amount _____

Acct #/ Amount _____

Acct #/ Amount _____

Kilometers previous claim _____ **+ This claim** _____ **=YTD** _____

Date	Place	Purpose	Km	Amount	Meals B	Meals L	Meals D	Gas	Other	Total
Total										

Approved reasonable amounts for meals: Breakfast-$10; Lunch-$15; Supper-$35**. NO RECEIPT(S) MEANS NO REIMBURSEMENT.**

Signature _____ **Approved** _____

Date _____ **Date** _____