



ARA Expense Claim

Name: _____

Address: _____

S.I.N. _____

(If claiming an honorarium for the first time.)

ARA Dates: _____

Location of ARA: _____

Categories	Amount Claimed Receipts Required
Accommodation	
Hotel (parking & room-service meals can be included here if preferred).....	\$ _____
Other	\$ _____
Transportation	
\$0.67 per km x _____ total distance	\$ _____
Parking	\$ _____
Subsistence	
Full-days _____ x \$60.00	\$ _____
Half-days _____ x \$30.00	\$ _____
Other	
Honoraria (\$150.00 x ___ full-days, \$75.00 x ___ half-days) ...	\$ _____
Discretionary (coffee, gum, etc - no receipts required)	\$ <u>15.00</u>
Other – Specify	\$ _____
Total Claim	<u> </u> <u> </u>

Claimant Signature: _____

Date: _____