



## 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
<b>Accommodation</b>	
Hotel .....	\$ _____
Other .....	\$ _____
<b>Transportation</b>	
\$0.65 per km x _____ total distance .....	\$ _____
Parking .....	\$ _____
<b>Subsistence</b>	
Full-days _____ x \$60.00 .....	\$ _____
Half-days _____ x \$30.00 .....	\$ _____
<b>Other</b>	
Honoraria (\$150.00 x ___ full-days, \$75.00 x ___ half-days) ...	\$ _____
Discretionary (coffee, gum, etc - no receipts required) .....	\$ <u>15.00</u>
Other – Specify .....	\$ _____
<b>Total Claim</b>	_____ _____

Claimant Signature: \_\_\_\_\_

Date: \_\_\_\_\_