



General Expense Report (TWAC, PDAC, etc.)

Name: _____

Address: _____

Postal Code: _____

Name/Purpose of Activity/Meeting: _____

Activity/Meeting Date(s): _____

Location of Activity/Meeting: _____

Excluding mileage, original receipts are required for all expenses.

Accommodation

Hotel \$ _____

Other \$ _____

Transportation

\$0.65 per km x _____ total distance \$ _____

Taxi \$ _____

Parking \$ _____

Subsistence

Full day - \$60.00 \$ _____

Half day - \$30.00 \$ _____

Other

Specify \$ _____

Total Claim \$ _____

Claimant Signature: _____

Date: _____