

**\*STAFF\***  
EXPENSE CLAIM FORM

<u>DATE</u>				<u>PURPOSE</u>	<u># KM.</u>
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____

TOTAL MILEAGE \_\_\_\_\_

TOTAL NUMBER OF KM. \_\_\_\_\_ @ .47 PER KM. = \$ \_\_\_\_\_

(Transfer to reimbursement request and  
attach form)