



WLUFA

Wilfrid Laurier University
Faculty Association

EXPENSE CLAIM FORM

This is a fill-able form. Please print and send to the office with original receipts.

NAME:
PURPOSE OF EXPENDITURE:
TRAVELLED TO:
DATE:

EXPENSES

Registration Fee:	
Flight:	
Auto: \$0.44/Km:	
Hotel: (Staying with friends/relatives: Half the applicable conference rate)	
	S__ M__ T__ W__ T__ F__ S__
Ground Transport -Taxis/Car Rental	
Parking	
Breakfast \$15/day	
Lunch \$15/day	
Dinner \$40/day	
Sundry \$15/day	
Total	

Total Cost:	
Less Cash Advance:	
TOTAL CLAIM:	

Claimant's Signature _____

WLUFA Authorizing Signature _____