



## EXPENSE CLAIM FORM

**NAME:**

**PHONE:**

**ADDRESS:**

**EMAIL:**

Check this box if you would like to receive funds by electronic transfer (otherwise you will be reimbursed by cheque sent to the above address). See Policy A(f)-01.0 [Reimbursement of Expenses](#)

### Travel

Meeting Date	Committee or Reason for Travel	Kilometers Traveled	Rate \$0.45/km	Amount
				<b><u>Sub-Total</u></b>

### Purchases

Date of Purchase	Items Purchased	Reason for Purchase	Amount
			<b><u>Sub-Total</u></b>

**Signature:**

**Total Claim Amount** (Travel + Purchases)

**Date:**

Submit Claim Form and Purchase Receipts to [info@nscct.ca](mailto:info@nscct.ca) or:

**NSCCT 207-1 Kingswood Dr. Hammonds Plains, NS, B4B 0P4** (please allow at least 30 days for processing)