Expense Claim

*Expenses must be submitted within 60 days with applicable receipts for payment.

Name		**Date**	
Phone			
Email			
Address			
		Postal Code	
Mileage	KM	@ $0.58/KM	$
Transportation			$
Hotels		Max $300/night	$
Meals		Max $30.00/meal	$
Meetings		$100/<4hrs $200/>4hrs	$
Other/ Receipts			$
			$
			$
			$
			$
			$
			$
			$
		Total	$

*It is expected, the most economical form of travel will be submitted.

Admin

Exam Proctors Only

Date of Exam			
Proctor Fee		$100 per Exam	$
Student Name			
Student Name			
Student Name			
Mileage	KM	MAX 200Km @ $0.58km	$
Other			$

Total $

Signature

Admin