



**TOWNSHIP OF BLACK RIVER-MATHESON
TRAVEL EXPENSE**

NAME:	_____
MEETING:	_____
DESTINATION:	_____
DATES:	_____

	<u>QUANTITY</u>	<u>TOTAL</u>
PER DIEM:	_____ DAYS @ \$125.00	_____ 0
	_____ PARTIAL DAYS @ \$70.00	_____ 0
MEALS:	_____ BREAKFAST @ \$10.00	_____ 0
	_____ LUNCH @ \$20.00	_____ 0
	_____ DINNER @ \$35.00	_____ 0
	_____ FULL DAYS @ \$65.00	_____ 0
(No monies will be issued where meals are paid through registration)		
TRANSPORTATION:	TRAIN	_____
	AIR FARE	_____
	TAXI	_____
	_____ AUTO - KM @ \$.58/km	_____ 0
ACCOMMODATIONS: (Receipt attached)	HOTEL	_____
	OTHER	_____
MISC PER DIEM:	_____ DAYS @ \$10.00	_____ 0
	_____ PARTIAL DAYS @ \$5.00	_____ 0
OTHER: (Please specify)	_____	_____
TOTAL EXPENSES:		_____
ADVANCE (Copy Attached)		_____
BALANCE:		_____ 0

APPLICANT'S SIGNATURE _____ DATE: _____

APPROVAL SIGNATURE _____ DATE: _____

