AUFA Expense Claim Form

DATES:	ES: From				To				
EVENT:									
Day	Fare From: To: To:		Taxis	Hotels	Auto@ 55.5¢ km	Breakfast \$15.00/day	Lunch \$15.00/day	Dinner \$40.00/day	Sundries \$15.00/day
	RECI	EIPTS REC	QUIRED		NO RECEIPTS REQUIRED				
Mon									
Tues									
Wed									
Thurs									
Fri									
Sat									<u> </u>
Sun									<u> </u>
	\$	\$	\$	\$	\$	\$	\$	\$	\$
TOTAL of All Columns: \$ LESS Cash Advance Received: \$ LESS Ticket prepaid: \$ TOTAL Claim on this Voucher: \$									
SIGNATURE:					DATE:				
NAME:					DEPARTMENT:				

Please return this claim and attached receipts to the Treasurer of AUFA.