

National Association of Federal Retirees Travel Expense Claim Form



Name of claimant

Street Address

City

Branch/Region and Title

Select your province from drop down list

Province

Postal Code

Email

Date e.g. 1 Jan 18	Details (must include the location visited, branch ID, the reason for the visit and all other expenses)	Actual KMs driven	KM allowance @ _____	Commercial Transport	Accommodations	Meals and Incidentals				All other expenses	A Total expenses	B Total corporate credit card
						Breakfast	Lunch	Dinner	Incidentals			
						21.35	21.60	53.00	17.30			
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<p>I certify that the amounts included in this claim incurred on Association business.</p> <p>Signature _____</p> <p style="text-align: right;">D/M/Y _____</p>	<p style="text-align: center;">were</p> <p style="text-align: center;">Approved by</p> <p>Signature _____</p> <p>Signature _____</p> <p>Title _____</p> <p style="text-align: right;">D / M / Y _____</p>	<p style="text-align: center;">Totals</p> <table style="width: 100%;"> <tr> <td style="width: 70%;">Total expenses (A)</td> <td style="width: 30%; text-align: right;">-</td> </tr> <tr> <td>Total advance/credit card (B)</td> <td style="text-align: right;">-</td> </tr> <tr> <td>Amount due to claimant</td> <td style="text-align: right;">-</td> </tr> </table>	Total expenses (A)	-	Total advance/credit card (B)	-	Amount due to claimant	-
Total expenses (A)	-							
Total advance/credit card (B)	-							
Amount due to claimant	-							

Explanations
(as may be required to be given on any of the expenses incurred)

Receipts attached in e-mail of 10 Jan 22

* FOR CURRENT KILOMETRIC AND MEAL/INCIDENTAL RATES
 REFER TO <http://www.njc-cnm.gc.ca/directive/index.php?did=10&lang=eng>
 Completed forms should be scanned with receipts and sent to finance@federalretirees.ca