



COLLEGE OF THE ROCKIES FACULTY ASSOCIATION

PO Box 8500, 2700 College Way, Cranbrook, BC V1C 5L7

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EXPENSE CLAIM

Name: _____

Mailing Address: _____

_____ Postal Code: _____

Phone Number: _____

Email Address: _____

Meeting/Event: _____ Date: _____

Attach ORIGINAL receipts for all items . If necessary, list details on an attached sheet. This form must be received by CORFA no later than 45 days after the event.

PLEASE NOTE POLICY PRINTED ON BACK OF THIS FORM.

Travel:

Airfare.....\$ _____

Taxi\$ _____

Auto _____ (km at 61¢ per kilometre).....\$ _____

Car Rental\$ _____

Accommodation:

Hotel: _____ \$ _____

Incidentals & Meals:

Date: _____ Date: _____ Date: _____

Breakfast: _____ Breakfast: _____ Breakfast: _____

Lunch: _____ Lunch: _____ Lunch: _____

Dinner: _____ Dinner: _____ Dinner: _____

Dependent care: (Attach receipt showing time worked)

_____ hours at \$25.00 per hour\$ _____

Miscellaneous: e.g., parking (please specify).....\$ _____

TOTAL CLAIM: \$ _____

Signature of Claimant

For CORFA Office Use:

Approved _____ Date _____

Cheque No. _____ Amount _____