



Honoraria/Expense Claim

N.B. Complete for each meeting attended

NAME:	
SIGNATURE:	
DATE OF MEETING:	
START & END TIME:	
LOCATION:	
TYPE OF MEETING:	<input type="checkbox"/> – Regular Board <input type="checkbox"/> – Child Care <input type="checkbox"/> – Ontario Works <input type="checkbox"/> – Support Services <input type="checkbox"/> – Social Housing <input type="checkbox"/> – Personnel <input type="checkbox"/> – Health Services <input type="checkbox"/> – Other
MEALS: Breakfast \$15 Lunch \$15 Dinner \$30	
PER DIEM Within Algoma \$180 Outside Algoma \$300 Less Meals	
KM TRAVELLED \$0.45	
OTHER COST (Attach Receipts)	

For Office Use ONLY

CALCULATION	AMOUNT	ACCOUNT #
		GST
CHEQUE TOTAL:		