



Travel Claim Form

Instructions: Please complete this form and return to **OCASI at 110 Eglinton Ave. West, Suite 200, Toronto ON M4R 1A3.**
Original receipts must be attached to qualify for reimbursement.

Purpose/Meeting Name: _____

Participant Name:	Meeting Date:
Email address:	Phone:
Organization:	
Cheque payable to:	
Mailing Address:	

Section A - Meal Allowances (Please provide itemized original receipts) effective from 2017/10/1					HST (for office use only)
Date(mm/dd/yy)	Breakfast \$15	Lunch \$15-\$17	Dinner \$36	Amount	
Subtotal					

Section B – Transportation–Air/Train etc. (Attach original receipts)				
Date (mm/dd/yy)	Mode	From: Location	To: Destination	Amount
Subtotal				

Section C – Transportation – Own Vehicle. Mileage \$0.555/km (effective from 2017/10/1) no changes from 2017/4/1				
Date (mm/dd/yy)	From: Location	To: Destination	KM	Amount
Subtotal				

Section D – Other Travel Related Expenses (e.g. Car rental, taxi, parking. Attach original receipts.)		
Date (mm/dd/yy)	Details	Amount
Subtotal		

TOTAL AMOUNT		
to be paid to traveller (add Section A,B,C, & D)		
Expenses Claimed By (Print Name)	Signature	Date