Aboriginal Housing Management Association

CORPORATE MEMBER EXPENSE CLAIM

EMPLOYEE NAME:		
START DATE:		
END DATE:		
TOTAL CLAIM AMOUNT:	$0.00	* Rates current as of April 1, 2026

DATE	TRAVEL INFORMATION		TRANSPORTATION						ACCOMODATION	MEALS				OTHER		GST included in claim
	Purpose	Trip Locations (start, destinations, end)	Personal Vehicle # of kms	Personal Vehicle $.73/km	Car Rental Taxi / Bus	Gas from Car Rental	Parking or Tolls	Flight or Ferry	Hotel receipt or $50/night for personal	Breakfast (before 7am) $29.50	Lunch (11:30-1:00) $30.05	Dinner (after 7pm) $61.70	Incidentals (full day) $25.00	Amount	Description	
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Totals:			0 kms	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		$ -

I hereby certify that all receipts have been attached as required and that the claim is a true statement of disbursements made and/or allowance to which I am entitled as a result of travel on business, as detailed above and that I have not been and will not be reimbursed for these expenses by any other party. I certify that the amount is correct, is in accordance with the appropriate authority, cost saving for AHMA has been considered, and is at approved travel rates (including the lesser of flight or mileage).

Submitted by:

Employee Signature *Date*

Approved by:

Managers Signature *Date*