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Meeting Expense Claim Form

Name: _____
Address: _____ City: _____ Prov: _____ Postal Code: _____
Meeting/Committee: _____

Date of meeting: _____

Tips:
You can print the form and complete or fill out and Submit (sends form via email). Receipts will need to be attached. Total Per Diem, mileage, and meals are calculated for you. Reset Form will reset all fields back to blank

EXPENSES

Per Diem: Day(s) _____ @ Full Day(s) - \$825.00 \$ _____

Per Diem: Day(s) _____ @ Half Day(s) - \$412.00 \$ _____

Travel: Air* \$ _____

Personal Auto _____ Kilometers @ \$0.60/Km \$ _____

Parking* \$ _____

Taxi* \$ _____

Accommodation: Hotel* \$ _____

Meals (\$110 Max): Breakfast* \$ _____ Lunch* \$ _____ Dinner* \$ _____ \$ _____

Miscellaneous: _____ \$ _____

TOTAL EXPENSES: \$ _____

Date Submitted: _____ Signature: _____
(* Receipts required)

OFFICE USE ONLY

Chq # / VP# _____

Amount paid: \$ _____

Multiple expense forms?

Total Per Diem \$
Total Travel \$

Stamps

Two empty rectangular boxes for stamps, outlined in red.