## Dzawada'enuxw First Nation

## Travel Advance OR Travel Expense Report/Claim

Advance X		Actua	ıı Expense Report/∪	ıaım:			
Date:		Date:					
NAME:							
Purpose of travel (attach inform	nation):						
Travel dates							
Program(s) charged:							
Reimbursable by:							
**For tracking purposes pl	ease state the nai	me of Hotel/Airlin	e, etc. being used	if it's	on a PO.		
**Please give finance a cop	by of your expens	e claim if you are	the one doing the	claim	).		
		DO /OI		, 7		_	
		PO/Charge please tick	Advance Reques Fill out before trav			Expenses fter travel	
**		please lick	I III out belote trav	vei ≝ **	i iii out a	itei tiavei	
**Airfare			-	**	-		
**Boat				-			
**Bus			-	**			
**Taxi				- **			
Mileage	x 0.52/km			_			
**Hotel				**			
Private	 x \$55.00		-	=			
**Parking	X \$55.00 X			**			
Per Day	x \$70.25			_			
Breakfast	x \$15.35			_	-		
Lunch				-			
Supper	x \$14.60			_			
	x \$40.30			_			
Incidentals	x \$ 17.30			_			
Honorarium	x 175			_			
**Other				**			
(Ferry, National Airline)							
**rec'ts req'd	TOTAL * 80	0% (/Travel Policies) =	\$ -	-	\$	-	
		Less Advan	ce (if this is a claim)		\$		
		BALANCE O	WING (if this is a cla	im)	\$	_	
		BALANCE O		<i>)</i>	Ψ		
	Signa	ature					
	Autho	orization					
**Please note: all travel advance					s you		
hand in all receipts pertaining to		travel is allowed unti	l your advance is cleare	ed.	0	•	
Accounting Department only				Dr	Code	\$	
To record travel expense on To clear travel advance for					124	 40	
To go towards O/S travel owing for					12		

Reimbursement received:	Date	 Amount \$