

Appendix H

Boyle Public Library
Expense Claim Form

Pay to:

Name _____

Address _____

Date	Destination/purpose	Travel (km)	Meals/Accom.
			Attach receipts
	Subtotals	X \$0.505/km	
	Totals		
	Totals Claim (A + B) =		

Claimants Signature

Certified By