



Saint John, NB Course/Conference/Travel Expense Form

Name : _____

Payable to (if different than above): _____

Address/ Email Address: _____

Primary Contact Number: _____ Course/Conference Dates: _____

Course/ Conference: _____ Destination: _____

Expense Claims	Amount
Air/Bus/Rail	
Car Mileage @ \$0.55/km *Note: Mileage will be paid up to, but not greater than the cost of a flight to the same destination.	
Parking	
Accommodation	
Course Fee/Registration	
	Total

Receipts must accompany all expense claims

National Board Use Only

Total Amount _____ Cheque #/ E-transfer # _____ Date _____