



Town of Whitbourne
Travel Claim Application

Submitted by: _____ Date: _____

Training/Activity: _____

Date of Travel: _____

Date Returned: _____

Registration Fee: _____

Accommodations: _____

Meal Allowance: _____

Mileage: _____ km @ .40 = \$ _____

Other Costs Associated: _____

Total Payable: _____

Signature of Traveller: _____

Signature of Approval: _____

Breakfast: **\$7.30**

Lunch: **\$10.95**

Dinner: **\$18.25**

Per Diem: **\$50.00**

Mileage: **\$.40**