CHM ALLIANCE - ANIMAL ETHICS COMMITTEE
Member Expense Claim Form for 435/095

Claimant details:

Name: _____

Instructions: Please supply and attach receipts for all claims except kilometres travelled - Please circle: 1601cc - 2600cc @ $0.74 or +2600 cc @ $0.75

Date	Travel 535/092			Acomm	Meals	Meeting Honorarium 435/092		Total	Details
	km	at $ / km	$			Half Day $129.00	Full Day $232.00		

Total Owing:_____

I hereby declare these expenses to be a true representation of expenses I have incurred on behalf of the CHM Alliance Animal Ethics Committee.

Signature:_____ Date: _____

Authorised:_____ Date: _____

Office Use Only:

Chq no: _____ Date paid: _____