EXPENSES AND LOST WAGES STATEMENT OF CLAIM

Date _____

Name _____ **Unit** _____ **Weekly Salary** _____ **Event** _____

Address _____ # of hours per week_____

_____**Postal Code**_____

Date	Detail of Expense	KM. 0.49	Amount	HOTEL	PER DIEM MEALS	LOST HOURS	TIME	OTHER	SUB TOTAL

Signature of Claimant _____

TOTAL EXPENSES =

Approved by Chairperson/Local Officer _____

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