

IN ACCOUNT WITH:

NEW BRUNSWICK WOMEN'S INSTITUTE

Date _____ Event _____

Explanation _____

Mileage from _____ to _____

And return _____ km @ .30 \$

Meals _____ \$

(B. \$7.00; L. \$10.00; D. \$15.00)

Lodging _____ \$

Telephone _____ \$

Postage _____ \$

Other _____
_____ \$

H.S.T. _____ \$ _____

Total \$

NAME _____

ADDRESS _____

APPROVED BY PRESIDENT or FINANCE CHAIR

Note: H.S.T. must be shown on all expense forms. Please circle on invoice.