



Board of Directors Expense Claim Form

Name: _____

Date submitted: _____

Reason for expense claim: _____

Date	Item	w/o HST	HST	Total	Code
	Totals				

Travel Allowance: For use of personal vehicles as of August 2023 is **\$0.577 per kilometer** reimbursed as cash. Please contact ED for pre-approval of travel exceeding 200 km total.

Accommodation Allowance: \$150.00/night. Please contact ED for pre-approval of higher rates.

Meal Allowance: \$43.00/day flat rate (Breakfast \$8.00, Lunch \$15.00, Dinner \$20.00)

Mail or return this form and all receipts to: Association of Nova Scotia Museums
1113 Marginal Road, Halifax, NS B3H 4P7

For office use only

Approved: _____ Date paid: _____ Cheque: _____