



(Inc.)  
Whitbourne Town Council  
Travel Claim Form

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Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

Training/Activity: \_\_\_\_\_

Date of Travel: \_\_\_\_\_

Date Returned: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Accommodations: \_\_\_\_\_

Meal Allowance: \_\_\_\_\_

Mileage: \_\_\_\_\_ Kms @.40 = \$ \_\_\_\_\_

Other costs associated: \_\_\_\_\_

Total payable: \_\_\_\_\_

Signature of Traveler: \_\_\_\_\_

Signature of Approval: \_\_\_\_\_

Breakfast: **\$7.30**

Lunch: **\$10.95**

Dinner: **\$18.25**

Per Diem: **\$50.00**

Mileage: **\$.40**