



DIVING PLONGEON CANADA

Project: _____ Date: _____
 Name: _____ Location: _____
 Address: _____

TRAVEL

Date	From	To	Purpose	Mileage or method of travel	Amount

ACCOMMODATION

Date	Date	Place	Purpose	Days	Rate	Amount

OTHER EXPENSE

Date	Description of Expense	Purpose	Amount

ADVANCE: \$ _____
 LESS EXPENSES: \$ _____
 BALANCE \$ _____
 Due CADA
 Due Claimant

Signature: _____

INSTRUCTIONS:

1. Enter project and name and address of claimant
2. Enter expenses and details
3. If claiming per diem, amounts are Breakfast: \$8.50, Lunch: \$9.00, Dinner: \$23.50, Total \$41.00 per day
4. Travel by personal car is paid at the rate of \$0.30 per kilometer.
5. Be sure to include receipts for each item claimed
6. Sign and return to the CADA National Office at 703-2197 Riverside Drive, Ottawa, ON K1H 7X3