



Appendix G

Article I. SMOKY RIVER REGIONAL WATER MANAGEMENT COMMISSION TRAVEL AND SUBSISTENCE CLAIM FORM

	NAME:FUNCTION:
	TITLE:ACCOUNT:

DATE D/M/Y	PURPOSE OF CLAIM & DESTINATION	MILEAGE (kms)	MEALS		
			B	L	D
TOTAL		0	0	0	0

Travel Expenses

Total Kilometers @ \$0.68 \$0.00

Meals

Breakfasts @ \$20.00 = \$0.00

Accommodation

Lunches @ \$20.00 = \$0.00

Dinners @ \$35.00 = \$0.00 Total Meals \$0.00

Nights @ x

(Hotel receipt must be attached)

Unreceipted Accommodation Nights @ \$0.00 \$0.00

Other Expenses (Registrations, etc., receipts attached)

INCIDENTALS

Employee day @ \$15.00 = \$0.00

Total Incidentals

TOTAL CLAIM \$0.00

SUBMITTED BY

APPROVED BY

Date