

Expense Claim

Name:	
Position:	
Mailing Address:	
Town/City:	Postal Code:
Meeting/Event/Activity:	Date:

Date	Vendor	Description	GST	Total
		Total		

I acknowledge that these expenses were incurred by me during my participation in authorized business for the Canadian Institute of Transportation Engineers

Signature:

Date:

Payment method (select one):

cheque (mailed to above address)

eTransfer (indicate preferred email: _____)