



2012 Provincial Conference
Courtyard by Marriott ☀ January 29 to 31, 2012
Travel Expense Form

Your Name _____

Your Organization _____

Mail Cheque To _____

City _____ Prov _____ Postal Code _____

Phone _____ Email _____

► **Make payable to:** Myself My Organization ...*please check one*

Cheques will be issued by Kingston Community Health Centres

Date of travel:	Please indicate: air, train, bus, taxi, shuttle, or personal vehicle	<i>for personal vehicles # of kms</i>	Total of receipt <u>OR</u> km x 50¢	Notes
Total of all travel expenses ►				

NOTE: The rate of 50¢ per km is intended to cover gas and parking.
 If traveling by personal vehicle, please enter your home address above and do not submit additional receipts. Thank you.

Please mail this form and travel receipts to: Conference 2012 – Travel Claims
 Ontario Harm Reduction Distribution Program
 200 Princess St, Kingston ON K7L 1B2

*Expense forms and original receipts must be mailed **no later than Feb 10, 2012.***

- NO MEAL RECEIPTS PLEASE -

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Internal Use Only:

Date Received: _____ **Approved by:** _____ **Acct #** **14 110 5241**