

College of Audiologists and Speech-Language Pathologists –
Newfoundland and Labrador

Suite 435 Unit 50 Hamlyn Road Plaza, NL A1E 5X7
mail: info@caslpnl.ca Website: www.caslpnl.ca



Claim for Reimbursement

Name & Telephone Number	
Address	

Travel:

Reason for Travel					
Date & Time of Departure					
Date & Time of Return					
Date	Details	Meals \$	Trans \$	Hotel \$	Other \$
Sub-Totals:					

Other:

Date	Item Purchased	Reason for Purchase	\$
Sub-Total:			

Grand Total: _____

I hereby certify that the expenditure(s) stated above are in accordance with those allowed under CASLP-NL policies and are related solely to College business.

Signature _____ Date

Signature CASLP-NL Treasurer _____ Date

<p><u>Reimbursement Rates:</u></p> <p>Mileage Allowance and Meals: As per NL Government Rates</p> <p>Private Accommodations: \$25 per night (no receipts required)</p> <p>Hotel Accommodations/Other Purchases: Receipts Required</p> <p>Incidentals: \$5 per overnight stay</p>
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