

**Hamilton & District Labour Council
TRAVEL EXPENSE FORM**

1130 Barton Street East, Suite 210A
Hamilton, Ontario L8H 7P9

Name: _____

Address: _____

E-mail: _____

Telephone: _____



Expenses	Dates	Details	Amount
Transportation Own Car			
Transportation Parking			
Transportation Air			
Transportation Taxi			
Transportation Bus			
Transportation Rail			
Accommodation			
Accommodation			
Per Diem			
Other			
Total Expenses			

Signature: _____ Date: _____

PLEASE ATTACH ALL RECEIPTS AND ITINERARY(if applicable)