



## Grain Farmers of Ontario Advisory Committee Reimbursement Claim Form

Name: \_\_\_\_\_

Activity: \_\_\_\_\_

Committee: \_\_\_\_\_

Activity Date: \_\_\_\_\_

				1	2	3
Date <small>dd-mmm-yy</small>	Purpose of Attendance		*** Mileage *** Rate/km km	0.53	Per Diem (\$230.00)	Total Meeting Reimbursement Claim (1 + 2)
				-		-
				-		-
				-		-
				-		-
<b>CLAIM TOTAL</b>			0.0	-	-	-
			<b>HST</b>	-		
			<b>NET</b>	-		

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ (Signed by Director or GFO Staff)

<p><b>Office Use Only</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Meeting Per diem</td> <td style="text-align: right; padding: 5px;">\$230.00</td> </tr> <tr> <td style="padding: 5px;">per km</td> <td style="text-align: right; padding: 5px;">\$0.530</td> </tr> </table>	Meeting Per diem	\$230.00	per km	\$0.530
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