



YMEP EXPENSE CLAIM

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|--|---|---------------------------------|-------------|--------------|
| YMEP number | Project name | Applicant name | | |
| Expense claim number | Program module | | | |
| Date submitted YYYY/MM/DD | Phone | Email | | |
| Address | | | | |
| Fieldwork start date YYYY/MM/DD | Fieldwork end date YYYY/MM/DD | Number of field days/this claim | | |
| Eligible expenses (Refer to rate guidelines. Provide photocopy of receipts) | | | | |
| Item | | Unit/days | Rate | Total |
| Daily field expenses | Number of persons | | \$100/day | |
| Personnel | Name (supply statement of qualifications) | | | |
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| Equipment (rental) | Private or commercial | Unit/days | Rate | Total |
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| Other | Please provide details | | | |
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| Total this claim | | | | |