

# YM9P Expense Claim Form - Client 7 opy



|   |   |           |                 |                               |
|---|---|-----------|-----------------|-------------------------------|
| YMEP no:  | project name:                             |           | applicant name: |                               |
| expense claim no:   | program type:                             |           | program module: |                               |
| date submitted:   | phone:                                    |           | email:          |                               |
| address:  |   |           |                 |                               |
| start/end dates of fieldwork for this claim:  |   | start     | end             | no. of field days/this claim: |
| <b>eligible expenses</b> <i>Please refer to rate guidelines. Provide photocopy of receipts.</i> |   |           |                 |                               |
| item  |   | unit/days | rate            | total                         |
| daily field expenses  |   |           | \$100/day       |                               |
| personnel   | Name (supply statement of qualifications) |           |                 |                               |
|   |   |           |                 |                               |
|   |   |           |                 |                               |
|   |   |           |                 |                               |
| equipment (rental)  | private or commercial                     | unit/days | rate            | total                         |
|   |   |           |                 |                               |
|   |   |           |                 |                               |
|   |   |           |                 |                               |
|   |   |           |                 |                               |
|   |   |           |                 |                               |
|   |   |           |                 |                               |
|   |   |           |                 |                               |
|   |   |           |                 |                               |
|   |   |           |                 |                               |
|   |   |           |                 |                               |
| other   | <i>Please provide details.</i>            |           |                 |                               |
|   |   |           |                 |                               |
|   |   |           |                 |                               |
|   |   |           |                 |                               |
|   |   |           |                 |                               |
| <b>Total this claim:</b>  |   |           |                 |                               |