

YM9P Expense Claim - Client 7 opy



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|---|---|-----------|-----------------|-------------------------------|
| 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: |
| eligible expenses <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) | | | |
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| equipment (rental) | private or commercial | unit/days | rate | total |
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| other <i>Please provide details.</i> | | | | |
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| Total this claim: | | | | |