



**WORLD VETERINARY ASSOCIATION
CLAIM FORM**

CLAIMANT: _____ **POSITION:** _____

ADDRESS : _____

Description of Duties performed: _____

Claim Period: _____

EXPENDITURE CLAIMED (Receipts attached) :

		Currency	Amount	Conversion Rate to US \$	Amount in US \$
1.	Air ticket : Economy Class No:				
2.	Surface travel				
3.	Accommodation				
4.	Food & local transportation				
				TOTAL (US\$)	

DAILY ALLOWANCE CLAIMED:

Total No. of days: _____ @ US\$ 90 per day (no breakfast supplied with accommodation) US\$ _____

_____ @ US\$ 80 per day (breakfast supplied with accommodation) US\$ _____

_____ @ US\$ 15 per day for incidental expenses US\$ _____

TOTAL: US\$ _____

GRAND TOTAL US \$: _____

PAYMENT INSTRUCTIONS: CASH to Claimant

By payment into bank account: Bank: _____ Account No.: _____

Bank No. or Address: _____

SIGNATURE

DATE