

FEDERATION OF NORTHERN ONTARIO MUNICIPALITIES EXPENSE FORM				
NAME OF CLAIMANT:				
ADDRESS OF CLAIMANT:				
PURPOSE OF TRIP:				
LOCATION/DESTINATION:				
DATE(S):				
ACCOMMODATION:				
				\$
MEALS: *	Rate	# of Days		
Breakfast	\$15.00	x	Days	\$
Lunch	\$25.00	x	Days	\$
Dinner	\$45.00	x	Days	\$
HONORARIUM: **				
	\$200.00	x	Days	\$
TRANSPORTATION:				
Personal Vehicle	\$0.72/km ***	x	Kms	\$
Plane/Train/Bus/Other				\$
Taxi/Airline Limousine				\$
Parking/Toll Charges				\$
OTHER EXPENSES:				
(e.g. registration fee, telephone)				\$
TOTAL				\$

* Meal expense for **Toronto only** – paid by receipt.

** Honorarium rates are to be used by elected executive members when attending FONOM meetings.

*** Per kilometre rate effective January 1, 2026.

Receipts for accommodation, meals, and transportation costs, unless a privately owned vehicle is used, are to be attached to the claim.

I certify that the entire expenditure stated on this form was incurred on FONOM business and that no other expense claim has been reimbursed to the claimant by any other agency or person.

Signature of Claimant

Date Claim Submitted

Claim Checked by

Cheque No. Date of Issue