



EXPENSE CLAIM

Artists' Colony / Juror _____

Name: _____

Address: _____

Telephone: _____ E-mail: _____

(Please keep your receipts for the following):

Gas _____ \$ _____

Bus or train fare _____

Hotel Accommodation: No. of nights _____

Meals (Max. of \$25.00 per work day) Days _____

(No alcoholic beverages)

(Meals not paid while traveling to or from
Artists Colony or Jurying)

Other: _____

Signed _____ Date _____

Please complete and return this form to the Convenor.

Received from N.O.A.A. in the amount of \$ _____ to cover
personal expenses for the _____.

Signed: _____