



EXPENSE CLAIM FORM

CHEQUE PAYABLE TO: (Please print)

Name: _____

Mailing Address: _____

| Date of Event | Description | Code | Meal | | | TOTAL Amount |
|---------------|-------------|------|------|-----|------|--------------|
| | | | B 5 | L 7 | D 11 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL | | | | | a) | \$ 0.00 |

| Mileage (km) | Current Rate | Mileage Cost |
|--------------|--------------|--------------|
| | \$0.35 | b) \$ 0.00 |

Total Expenses (a+b) \$ _____

Generated Revenue or Advances (if any) \$ _____

Amount payable by Claimant (if advances exceed claim) \$ _____

Amount due Claimant \$ _____

Signature of Claimant

Signature of Committee Chair

Date of Claim

Rates (one-way)

| | Calgary | Edm | Leth. | Red Deer |
|---------|---------|--------|--------|----------|
| Brooks | 65.00 | 148.00 | 56.00 | 105.00 |
| Calgary | | 103.00 | 76.00 | 51.00 |
| Edm | 103.00 | | 179.00 | 52.00 |
| Ft McM | 255.00 | 152.00 | 331.00 | 204.00 |
| Leth | 76.00 | 179.00 | | 127.00 |

Office Use Only

Cheque #

Journal #

Reference #