



judo alberta

THE ALBERTA KODOKAN BLACK BELT ASSOCIATION

Expense Claim Form

CHEQUE PAYABLE TO:

(Please Print) Name: _____

Mailing Address: _____

Submit To: ap@judoalberta.com or mail to the Judo Alberta Office

Date of Event	Description	Code	Meals (\$45.00 per day)	Total Amount
TOTAL				\$

Mileage (km)	Rate	Mileage Cost
	\$0.40	

Total Expense (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)					
	Leth	Calgary	Red Deer	Edm	Ft McM
Ft McM	\$377.00	\$296.00	\$238.00	\$174.00	
Edm	\$201.00	\$120.00	\$62.00		\$174.00
Red Deer	\$140.00	\$59.00		\$62.00	\$238.00
Calgary	\$85.00		\$59.00	\$120.00	\$296.00
Leth		\$85.00	\$140.00	\$201.00	\$377.00

Office Use only
Cheque #
Journal #
Reference#