

Expense Form



I hereby make claim for expenses incurred in connection with the business of the Association and certify that the amounts claimed are correct, were actually incurred and that I am not entitled to be reimbursed by any other party for these expenses.

Project(s) [please include specific dates, locations and type of activity]:

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| ITEMS | | | | | AMOUNT | |
|---|---------|----|---|----------|--------|--|
| Travel at \$0.42 per kilometer | | KM | X | \$0.42 = | | |
| Meals at \$32.00 per day limit | | | | | | |
| Breakfast | \$ 7.00 | | | | | |
| Lunch | \$10.00 | | | | | |
| Supper | \$15.00 | | | | | |
| Accommodations (attach receipt) | | | | | | |
| Other Expenses (itemize expenses and attach receipts) | | | | | | |
| TOTAL | | | | | \$ | |

| | | | |
|----------------|--|-------------|--|
| Date of Claim: | | | |
| Name: | | | |
| Address: | | Postal Code | |
| City: | | Signature: | |

| | |
|--------|--|
| Phone: | |
| Email: | |