** EXPENSE CLAIM**

**Treasurer: Jim Black**

**Scan & Email to:** **black03@telus.net** **Phone: (**403)-952-7496

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| --- |
| **Name of Event:** |
| **Location:** | **Event Date:** |
| **Transportation** | **Grant in Aid:** YES / NO |
| **TOTALS** |
| **Airfare** (attach receipt) | $ |
| **Vehicle**- From: | To: |  |
| TOTAL KM: | **@ $0.53** | $ |
| **Taxi** (attach receipt) | $ |
| **Parking** (attach receipt) | $ |
| **Accommodation** |
| **Hotel Room** (attach receipt of an approved ATA hotel) | $ |
| Accommodationwithout receipt claim$50 | $ |
| **Subsistence Allowance** |
| **$70 per NIGHT stayed on ATA functions** | **# of nights \_\_\_\_ @ $70/night** | $ |
| **Child Care** | **$25 per meeting or receipt amount** | $ |
| **Other (specify and attach receipt)** | $ |
| **Hospitality (include names on receipt of guests)** | $ |
| **TOTAL CLAIM** | **$** |
| **Claimed by:** **Address:** |
| **Signature:** |