

**HOLY SPIRIT CATHOLIC A.T.A. LOCAL NO. 5
EXPENSE CLAIM FORM**

Cheque Payable to: _____ Address: _____

Date of Submission: _____

PLEASE FILL IN THE APPLICABLE BLANKS. SUPPORT THIS CLAIM WITH RECEIPTS AND/OR INVOICES.

ACCOUNT: (From handout) _____

COMMITTEE: _____

COMMITTEE CHAIR: _____

**NATURE OF BUSINESS
OR ACTIVITY:** _____

DATE(S) OF ACTIVITY: _____

LOCATION OF ACTIVITY: _____

**NUMBER OF MEMBERS INVOLVED
FROM THIS LOCAL:** _____

Lethbridge to (return):

Banff – 668 km = \$460.92	Edmonton – 1006 km = \$694.14
Bow Island – 222 km = \$153.18	Picture Butte – 60 km = \$41.40
Calgary – 424 km = \$292.56	Pincher Creek – 200 km = \$138.00
Coaldale – 36 km = \$24.84	Taber – 108 km = \$74.52

**** Receipts required ****

TRAVEL

AUTO: _____ X 69¢ = _____

* AIR FARE (economy) = _____

* OTHER _____ = _____

ACCOMMODATION

* HOTEL (maximum \$175/night inc. GST) _____

* Hotel Parking _____

____ PRIVATE RESIDENCE (\$50/night) _____

____ OTHER _____

MEALS

Breakfast ____ X \$20 = _____

Lunch ____ X \$30 = _____

Supper ____ X \$40 = _____

Total Meals: _____

DAILY UNRECEIPTED EXPENSES

Number of 24 hr. days ____ X \$100 = _____

OTHER (List Below)

TOTAL: _____

PLEASE DO NOT WRITE IN THIS SPACE

Return this form to:

Joan Rogers
1208 Henderson Lake Blvd. S.
Lethbridge, AB
T1K 3B7

OR

John Templin
Father Van Tighem School
25 Stoney Cr
Lethbridge, AB
T1K – 6V5

By email:
Atalocal5treasurer@gmail.com
(please scan and include receipts)

Date Paid: _____

Amount: _____

Cheque #: _____

APPROVED BY: _____
(Committee Chairperson)