archives
SOCIETY OF ALBERTA

Committee/Project Expense Claim

Please forward to:
ASA Financial Coordinator
P.O. Box 4067, South Edmonton Post Office
Edmonton, AB T6E 4S8

Name: _____ **Position:** _____

Mailing Address: _____

Committee/Project Name: _____

Accommodation		
Date		**Amount**
Meals		
Date	**Restaurant(s)**	**Amount**
Commercial Transportation		
Date	**Carrier**	**Amount**
Incidentals		
Date	**Details**	**Amount**
	Sub-Total	
	- advance	
	Total	

Mileage Claim Details

Date	**From**	**To**	**Purpose of Trip**	**Distance (km)**
$0.45/km x **Total Distance (km)** = **Amount of Claim**				

Please Attach Receipts

Claimant's Signature: _____ **Date:** _____

For Office Use Only
Date Received: _____ Amount: _____ Date Issued: _____ Cheque #_____

08/10