

**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 = \$447.56	Edmonton – 1006 km = \$674.02
Bow Island – 222 km = \$148.74	Picture Butte – 60 km = \$40.20
Calgary – 424 km = \$284.08	Pincher Creek – 200 km = \$134.00
Coaldale – 36 km = \$24.12	Taber – 108 km = \$72.36

**** Receipts required ****

TRAVEL

AUTO: _____ X 67¢ = _____
 * 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)