

Alberta Amputee Sport & Recreation Association Expense Claim Form

Name:		Date:	
Address:			
City/Province		Postal Code:	
eMail:		Phone #:	

Please include original or copies of original receipts (not required for per diem claims)

Date	Code (Office Use)	Description (Please be specific in your description)	Amount
Destination	# of km	Rate per km	
		\$.61	
		\$.61	
		\$.61	
Issuing Cheque # (Office Use)	Board of Director Approval	Treasurer Approval	Total Claim
PLEASE REMIT WITH ORIGINAL RECEIPTS TO: AASRA Treasurer P.O. Box 86093, Marda Loop RPO Calgary, AB T2T 6B7		Please submit expense claims promptly, within sixty (60) days of expenditure	

(Do not include receipts if claiming Per Diem rate)