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| --- | --- |
| 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 |
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|  |  |  | | | |  |
| 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)***

Alberta Amputee Sport & Recreation Association

**Expense Claim Form**