

# ATA Battle River Local #32 -- Expense Claim Form



Name: \_\_\_\_\_ School: \_\_\_\_\_

Activity: \_\_\_\_\_ (Local Council, P.D., E.P.C., Other please specify)

Date: \_\_\_\_\_ Place: \_\_\_\_\_

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### Travel:

From \_\_\_\_\_ To \_\_\_\_\_ To \_\_\_\_\_

Mileage \_\_\_\_\_ @ \$0.52/km Total: \_\_\_\_\_

Or

Airfare (attach receipt)

### Meals: (not to exceed the amounts shown)

Total: \_\_\_\_\_

# of breakfasts \_\_\_\_\_ @ \$10.00

# of lunches \_\_\_\_\_ @ \$15.00

# of suppers \_\_\_\_\_ @ \$20.00

LESS: Meals supplied by organization: \_\_\_\_\_

(attach receipts)

### Accommodation: (not to exceed \$120 + tax)

\_\_\_\_\_ # of nights @ \_\_\_\_\_ / night Total: \_\_\_\_\_

(attach receipts)

### Other: (specify and attach receipts)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Place a check mark here if there is a Grant  
In Aid for this expenditure

TOTAL

\_\_\_\_\_

Signature: \_\_\_\_\_

Mileage Chart On Other Side →