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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**