

Adult Basic Education Association of British Columbia

**EXPENSE CLAIM FORM**

Committees and Executive: Mail with all supporting receipts to:  
Attention Treasurer, 5476 45th Ave, Delta, BC V4K 1L4

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Expenses Incurred For (event, meeting, activity):**

\_\_\_\_\_

\_\_\_\_\_

**on date(s)** \_\_\_\_\_

<b>EXPENSES</b>	<b>TOTAL</b> (including all taxes)	<b>GST</b>
Mileage _____ km @ \$0.30=	\$ _____	\$ _____
Ferry - including vehicle and occupant(s)	\$ _____	\$ _____
Transportation (taxi/car rental/airport limo/bus)	\$ _____	\$ _____
Air Fare	\$ _____	\$ _____
Accommodation _____ nights @ _____ = (max. \$100 - \$30 if staying with friend/relative)	\$ _____	\$ _____
Meals (including tips)	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Teleconferences	\$ _____	\$ _____
Photocopying/Printing	\$ _____	\$ _____
Postage/Courier	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Other (please specify)	\$ _____	\$ _____
<b>TOTAL CLAIMED</b>	\$ _____	
<b>TOTAL GST</b>		\$ _____

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

**Please submit all receipts and photocopy both them and this form for your record.**

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**FOR OFFICE USE ONLY**

Date and number of cheque: