

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: _____

Mailing Address: _____

Special Instructions re payment:

Expenses For (event, meeting (inc. date), activity):

EXPENSES	TOTAL (including all taxes)
Mileage _____ km @ \$0.52	\$
Transportation (taxi/car rental/airport limo/bus/airfare/ Ferry - including vehicle and occupant(s)) <i>Most reasonable available for event.</i>	\$
Accommodation <i>(- 1 night per meeting. Max. \$100 per day, and \$30 for friend/relative who provides accommodation)</i>	\$
Meals <i>(including tips) to and from meetings only.</i> <i>Max. \$10.00 – Breakfast; \$17.00-Lunch; \$23.00-Dinner</i>	\$
Telephone or Teleconferences	\$
Postage/Courier	\$
Office Supplies, Photocopying	\$
Printing	\$
Other (please specify)	\$
	\$
	\$
TOTAL CLAIMED	\$

Signature: _____

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

FOR OFFICE USE ONLY

Total GST: _____

Date and number of cheque: _____