

Adult Basic Education Association of British Columbia

EXPENSE CLAIM FORM

Committees and Executive: Mail with all supporting receipts to:
 Attention: President, ABEABC. PO.1014 Chilliwack RPO, Vedder Crossing, BC, V2R 3N7

Name:

Date:

Mailing Address:

Special Instructions re payment:

Expenses for (event, meeting (inc. date), activity) ^{Te}
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EXPENSES	TOTAL (including all taxes)
Mileage _____ km @ \$0.52	\$
Transportation (taxi/car rental/airport limo/bus/airfare/ferry – including vehicle & occupant(s) Most reasonable available for event.	\$
Accommodation (1 night per meeting. Max \$100 per day & \$30 for friend/relative who provides accommodation)	\$
Meals (including tips) to and from meetings only. Max \$10- Breakfast; \$17-Lunch; \$23- Dinner	\$
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 & Number of cheque: _____	