



Alberta Golf  
 #22, 11410 – 27 St. SE  
 Calgary, Alta. T2Z 3R6  
 403-236-4616 (tel.) 403-236-2915 (fax)

**EXPENSE CLAIM FORM**

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

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Activity or Event: \_\_\_\_\_

	<u>Total</u>	(Office use only)	
		<u>GST</u>	<u>GL</u>
Travel: (Air Fare, Car Rental, Gas, Taxi, Parking)	\$ _____	\$ _____	\$ _____
Mileage: _____ km's @ 0.45/km	\$ _____	\$ _____	\$ _____
Accommodation:	\$ _____	\$ _____	\$ _____
Meals: (including gratuity)	\$ _____	\$ _____	\$ _____
Other Expenses:			
Printing/Stationery	\$ _____	\$ _____	\$ _____
Postage/Courier	\$ _____	\$ _____	\$ _____
Telephone/Fax	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
 SUB TOTAL	 \$ _____	 \$ _____	 \$ _____

TOTAL TO BE REIMBURSED \$ \_\_\_\_\_

Attach receipts to cover all expenses

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Project code: \_\_\_\_\_