

# ARPA VOLUNTEER/STAFF EXPENSE CLAIM FORM



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

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

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date: \_\_\_\_\_

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

**Expense Procedures:**

- Mileage rate \$0.40 / km
- Maximum Meal Allowance: (Breakfast: \$10.00; Lunch: \$15.00; Supper: \$20.00)
- Maximum Gratuity is 10%
- **RECEIPTS ARE REQUIRED FOR ALL EXPENSE CLAIMS**

<i>Date</i>	<i>Committee / Description</i>	<i>Net Amount</i>	<i>GST</i>	<i>Total Amount</i>	<i>Office Use</i>
<b>TOTAL DUE:</b>					