

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

**Meeting or Function**

**Date**

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

**Expenses Claimed: (PLEASE ATTACH RECEIPTS)**

*Expenses must be submitted (with receipts) to the ACSTA office within two months of expenditure. ACSTA will reimburse expenses within 14 days of receipt of claim.*

Hotel: \_\_\_\_\_ \$ \_\_\_\_\_

Meals: \_\_\_\_\_ \$ \_\_\_\_\_

*If receipts are not provided, reimbursement will be:  
Breakfast \$5.00, Lunch \$10.00, Dinner \$15.00*

**Transportation:**

Car: from \_\_\_\_\_ to \_\_\_\_\_

Total kms: \_\_\_\_\_ @ \$.49/km \$ \_\_\_\_\_

Air: from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

Taxi: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Parking: \_\_\_\_\_ \$ \_\_\_\_\_

Long Distance Telephone: \_\_\_\_\_ \$ \_\_\_\_\_

Other Expenses: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES CLAIMED:** \$ \_\_\_\_\_

**CLAIMANT'S SIGNATURE:** \_\_\_\_\_

**Please forward to:**

Alberta Catholic School Trustees' Association  
 Suite 205, 9940 – 106 Street  
 Edmonton AB T5K 2N2  
 Tel.: (780) 484-6209 Fax: (780) 484-6248  
 E-mail: admin@acsta.ab.ca