



Alberta Catholic School Trustees' Association

EXPENSE CLAIM AND PER DIEM FORM

(For use by the ACSTA President, Vice President, Past President and Zone 7 Representative)

NAME _____

MONTH/YEAR _____

Date	Meeting or Function	Vehicle		Transp.: Air Taxi Rental Other	Hotel	Breakfast @ \$5.00	Lunch @ \$10.00	Dinner @ \$15.00	Per Diem @ \$152.00/ full day	Other (Specify)	TOTAL
		No. of KM	@ \$.49/km								
TOTALS											

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.

COMMENTS: _____

DATE: _____ SIGNATURE: _____

TOTAL EXPENSES CLAIMED:	
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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