



Alberta Catholic School Trustees' Association
Celebrate, preserve, promote and enhance Catholic education

EXPENSE CLAIM FORM

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: _____ \$ _____

Reimbursement: Breakfast: w/o rcpt. \$5.00 / w. rcpt. (max.): \$15, Lunch: w/o rcpt. \$10.00/ w. rcpt. max. \$25, Dinner: w/o rcpt. \$15.00/ w. rcpt. (max.): \$35

Transportation:

Car: from _____ to _____

Total kms: _____ @ \$.68/km \$ _____

Air: from _____ to _____ \$ _____

Taxi: _____ \$ _____

Other: _____ \$ _____

Parking: _____ \$ _____

Long Distance Telephone: _____ \$ _____

Other Expenses: _____ \$ _____

\$ _____

TOTAL EXPENSES CLAIMED: _____

Please forward to:

Alberta Catholic School Trustees' Association
 Suite 205, 9940 – 106 Street
 Edmonton AB T5K 2N2

Tel.: (780) 484-6209 E-mail: [HYPERLINK "mailto:admin@acsta.ab.ca" admin@acsta.ab.ca](mailto:admin@acsta.ab.ca)