



EXPENSE FORM

Name: _____ Position: _____

Address: _____

Postal Code: _____ Phone # () _____

NOTE: Program # (s) must be listed and Receipts must accompany completed form when submitting expense claim.

Meal Per diem - \$35/day (\$10 breakfast, \$10 lunch, \$15 supper) - receipts required where possible

Travel Expense - \$0.40/km (no receipts required) or Fuel Costs (receipts required)

| Program # | Description | Sub Total | Total |
|-----------|-------------|--------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | TOTAL | \$ |

Signature: _____ Date: _____

Approved By: _____

Check # _____

Date: _____

Please submit completed form to:

Inga McLean - ABTA Treasurer
 2444 Woodview Dr. SW
 Calgary, AB T2W 4X7