



Name:	
Address:	
Phone:	
Email:	
Reason for reimbursement:	
Presence requested by:	
Date of submission:	

1. TRANSPORTATION COSTS	<i>Use travel worksheet on page 2 for mileage calculation</i>		Total
Personal Vehicle	km	@ \$0.50/km	\$

2. Accommodations				
Hotel Name:				
Check In Date	Check Out Date	# of Nights	Total Invoice amount	
			\$	

3. Meals	<i>Refer to page 2 for meals worksheet</i>	Total
Meal totals as per page 2 meal worksheet		\$

4. Other Expenses	Total
<i>Description</i>	

Reimbursement Subtotal	\$
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5. Donation in lieu of		
I direct that all or part of the funds to which I am entitled by way of reimbursement for expenses and would otherwise be forwarded to me by cheque, be transferred to the Alberta Army Cadet League as my gift and I understand a tax receipt will be forwarded to me in lieu of funds for the amount of:		

Total Reimbursement	\$
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6.	Travel Worksheet			
	Date	From	To	Mileage (kms)
	Total mileage claim (kms)			

7.	Meals Worksheet				
	<i>Meals may be reimbursed as per the League Expense Guidelines. Alcoholic beverages will not be reimbursed.</i>				
	Date	Breakfast	Lunch	Dinner	Total
	Total	\$	\$	\$	\$

RECEIPTS ATTACHED

SIGNATURE: _____

ALL EXPENSE FORMS SUBMITTED MUST NOT EXCEED 60 DAYS OF THEIR OCCURRENCE*

DATE APPROVED	TREASURER	PRESIDENT (if required)
DATE PAID	CHEQUE NUMBER	ACCOUNT CHEQUING CASINO