



Member Expense Claim Form

Name: _____ Activity: _____

Mailing Address: _____ Location: _____

_____ Date(s): _____

Travel

Trip from: _____ to _____

Private Vehicle: _____ km @ \$0.53/km = \$ _____

Bus/Air/Car Rental (receipt(s) required) \$ _____

Lodging (receipt required with zero balance) \$ _____

Meals (not included in activity):

Non-receipted (maximum \$65/day)* \$ _____

Miscellaneous (specify and provide receipts):

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Amount of Claim: \$ _____

Signature: _____

*Breakfast: \$15.00; Lunch: \$20.00; Dinner: \$30.00

Send to: **Treasurer, Northern Spirit ATA Local #6, Suite 3005, 3 – 9899 – 112 Ave, Grande Prairie, AB T8V 7T2**

Email to: **local6treasurer@gmail.com**