

EXPENSE CLAIM

NAME _____
 MAILING ADDRESS: _____



1500 Scotia One | 10060 Jasper Avenue NW | Edmonton AB T5J 4A2
 PH 780-426-3990 TOLL FREE 1-800-661-7020 FAX 780-426-1877

PURPOSE OF TRIP: _____

Page ____ of ____

DATE	DESCRIPTION	SUB ACCOUNT OR COMMITTEE NAME	TRAVEL, MEALS & ACCOMMODATION	ENTERTAINMENT	OTHER	TOTAL
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
TOTAL			\$ -	\$ -	\$ -	\$ -

SUMMARY

VERIFIED DETAILS: _____

	Account	Div	Sub	A/A (if applicable)	Amount
SIGNATURE _____					\$ _____
DATE SUBMITTED _____					\$ _____
APPROVAL _____					\$ _____
					\$ _____
					\$ _____