ALA EXPENSE CLAIM

Meals $50.00/day

Note: All Receipts Must Be Attached

Name _____ Date _____

Address _____

City _____ Prov. _____ Postal Code _____

Date	Description	Mileage kilometer x 0.40		Hotels	Meals	Total
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
Other						
Other						

Subtotal	0.00
Less Cash Advanced	
Total Due	**$ -**

Signature _____

Approved by _____

Cheque # & Date