



**LACROSSE CANADA
CROSSE CANADA**

INFO@LACROSSE.CA
LACROSSE.CA
HOUSE OF SPORT, RA CENTRE
2451 RIVERSIDE DRIVE
OTTAWA, ON K1H 7X7

Appendix 25-12

EXPENSE CLAIM FORM

NAME:

ADDRESS:

EVENT:

DATE:

PREFERRED PAYMENT METHOD: cheque - ensure address is included

electronic funds transfer (EFT)

TRAVEL EXPENSE		AMOUNT
air travel, train tickets (receipts required)		
ground transportation, taxi, ferry, car rental, fuel (receipts required)		
parking expenses (receipts required)		
private motor vehicle _____ km @ \$0.40/km		
MEALS		AMOUNT
Breakfast	_____ @ \$15.00 _____	
Lunch	_____ @ \$15.00 _____	
Dinner	_____ @ \$30.00 _____	
OTHER EXPENSES (details & receipts required)		AMOUNT

TOTAL (please specify if USD): _____

Applicant's signature

Authorized signature