



LACROSSE CANADA
CROSSE CANADA

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LACROSSE.CA
18 RUE LOUISA STREET, SUITE 310
OTTAWA, ON K1R 6Y6

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