



## LDSA Expense Form

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Reason for Expense:** \_\_\_\_\_

**Expense Location:** \_\_\_\_\_

**Date of Expense:** \_\_\_\_\_

**Hotel Accommodations:**

(Paid to a maximum of \$160.00.00/night - receipt must be attached)

**Number of Nights:** \_\_\_\_\_

**Cost/Night:** \_\_\_\_\_ **Total:** \_\_\_\_\_

**Meals:** Maximum of \$40.00 per day

Receipts must be attached. The total amount of the receipts up to the \$40.00 will be reimbursed.

Day 1      Day 2      Day 3      Day 4

Total 

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**TOTAL MEALS** \$ - \_\_\_\_\_

**Mileage:** (Paid as per gas receipts - please attach)

**Total Gas Costs:** \_\_\_\_\_

**TOTAL AMOUNT DUE:** \_\_\_\_\_

**Office Use Only**

Date Paid:

Cheque #: