



Ladies' Auxiliary
AB-NWT Command

LADIES' AUXILIARY ALBERTA N.W.T. – Expense Claim Form

Name: _____

Position: _____

District # _____

Please ensure you have attached all your receipts.

Account - Office Use Only	Date of Event	Description	Hotel Cost	KMS @.55 ¢	Cost of Mileage	Out of Pocket	Misc.	Total
Subtotal								
Daily Meal Expenses								
Breakfast	\$15.00							
Lunch	\$15.00							
Supper	\$25.00							
							Subtotal	
							Advances	
							Total	

By signing this expenses claim you are certifying that the expenses are correct record of necessary expenses incurred while performing your duties as well as being in accordance with the L.A. Command expense policy.

All claims must be submitted no later than 30 days after the event, otherwise the claim may be rejected.

Signature _____

Date: _____