



CHEQUE # _____

Alberta Association on Gerontology

EXPENSE CLAIM

NAME _____

ADDRESS _____

MEETING Board of Directors
 Executive
 Conference
 Other – Specify _____

DATE OF MEETING _____

LOCATION _____

EXPENSES

Kilometrage	_____ km @ \$0 _____	\$ _____
Meals		\$ _____
Lodging		\$ _____
Telephone		\$ _____
Postage		\$ _____
Supplies		\$ _____
Other		\$ _____
G.S.T.		\$ _____
TOTAL		\$ _____

SIGNATURE OF CLAIMANT _____

DATE _____

APPROVED BY _____ DATE _____

CHEQUE NUMBER _____ DATE _____

Please attach receipts