

EXPENSE CLAIM FORM

NAME			_			
ADDRESS CITY		PROV:	_	PC:		
MEALS (based on re	eceipt to maximu	ım of \$50 per da	у)			
Paid To:	Date:	Description:		-		
TDAVEL (poid at 41	conta non loss	¢0.41 v			d	
TRAVEL (paid at 61	1	\$0.61 x	l _o ,	km = I		
Examples of return km:	Red Deer	Edmonton	Calgary	ļ		
Calgary	300 km = \$183	600 km = \$366	(00) 40//			
Edmonton	310 km = \$189.10		600 km = \$366			
Red Deer		310 km = \$189.10	300 km = \$183			
Grande Prairie	1156 km = \$705.16	914 km = \$557.54	1430 km = \$872.30	ļ		
Medicine Hat Lethbridge	820 km = \$500.20 700 km = \$427.00	1060 km =\$646.60 1005 km = \$613.05	588km = \$358.68 425 km = \$259.25			
OTHER EXPENSES						
Paid to:	Description:					
				• •		
TOTAL EXPENSES					\$	_
Name/Signature		Date	_			
Submit completed f	forms and applica	able receipts to t	he Administrato	r at:		
ARMTA			Phone: 403.330	.8381		

Email: admin@armta.ca

1114 Cameron Rd S Lethbridge, AB T1K 4B3