

Expense Claim

Name:						Nation:		
Location of r	neeting	: River Cree	Resort - Enc	och Cree Nati	on	Circle One:	EDO/La	and Manager
Subject of m	eetings	: Links to Lea	rning 2023					
Travelled fro	m:							
		Sunday	Monday	Tuesday	Wednesday	Thursday		
MEALS:		-	27-Mar-23	28-Mar-23	29-Mar-23	30-Mar-23		
Breakfast:	22.80		Included	Included	Included			\$
Lunch:	23.05		Included	Included	Included			\$
Dinner:	56.60							\$
		TOTAL MEAL ALLO			WANCE	Sub	\$	
	r							
	Airfare/Baggage Fees (receipts required)							\$
		Hotel (receipts required - River Cree Resort only)						\$
	Parking (receipts required)							\$
Kilometre rate: AB-54 cents/km		Taxi/Uber (receipts required)				1		\$
		Mileage:		54 per/km	x	kms =		\$
						То	otal Claim	\$
IMPORTAN	F Prefe	rred Method	of Payment					
Circle One:	E-trans	fer/EFT (prov	ide banking i	nfo)/Cheque				
Name:								
Mailing Address:					_		Delegate Signa	ature
Email Address:					-		Authorizing Off	ficer (Cando)
	0.							
Please submit expense claims via email to:					NOTE: Maximum expense to be paid is \$900.			
Karrie Lazarowich								
		ch@edo.ca	_					
DEADLIN	IE: Feb	ruary 28, 202	3					

Please use this form if attending the Accredited Training and the Links to Learning from March 27 to 30, 2023.