

Expense Claim

Name:					Nation:			
Location of r	neeting	: River Cree	Resort - Enc	och Cree Nat	ion			
Subject of m	eetings	: Links to Lea	rning 2023 -	Accredited 1	raining			
Travelled fro	m:							
		Sunday	Monday	Tuesday				
MEALS:		26-Mar-23	27-Mar-23	28-Mar-23	-			
Breakfast:	22.80		Included	Included			\$	
Lunch:	23.05		Included	Included			\$	
Dinner:	56.60						\$	
			TOTAL	MEAL ALLC	WANCE	Sub-total - Meals	\$	
	ľ							
							\$	
		Airfare/Baggage Fees (receipts required)						
Kilometre rate: AB-54	Hotel (receipts required - River Cree Resort only) Parking (receipts required)						\$ \$	
		Taxi/Uber (receipts required)					\$	
		Mileage:		54 per/km	x	kms =	\$	
cents/km				I				
						Total Claim	\$	
*IMPORTAN			-					
Circle One:	E-trans	fer/EFT (prov	ide banking i	nfo)/Cheque				
Name:					_			
Mailing Address:					_	Delegate Sign	Delegate Signature	
					_			
Email Address:					-	Authorizing Of	Authorizing Officer (Cando)	
Please submit expense claims via email to:					NOTE: Maximum expense to be paid is \$900.			
Karrie Lazarowich								
		ch@edo.ca ruary 28, 202	3					
DEADTIN		1 uai y 20, 202	•					

Please use this form if attending the Accredited Training.