

## Expense Claim

<b>Name:</b> _____	<b>Community:</b> _____
<b>Location of meeting:</b> Grey Eagle Resort - Tsuut'ina AB	<b>Circle One:</b> EDO/Land Manager
<b>Subject of meetings:</b> Training - ENRT 110 or ACED 100	
<b>Travelled from:</b> _____	

		Sunday 26-Nov-23	Monday 27-Nov-23	Tuesday 28-Nov-23	
<b>MEALS:</b>					
Breakfast	24.35		Included	Included	\$ _____
Lunch	24.65		Included		\$ _____
Dinner	60.45				\$ _____

<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p><b>Airfare/Baggage Fees</b> (receipts required) \$ _____</p> <p><b>Hotel</b> (receipts required - Grey Eagle Resort only) \$ _____</p> <p><b>Parking</b> (receipts required) \$ _____</p> <p><b>Taxi/Uber</b> (receipts required) \$ _____</p> <p><b>Mileage:</b> 53 cents per/km x _____ kms = \$ _____</p>
<p>Kilometre rate: AB-53.0</p>	

**Total Claim \$** \_\_\_\_\_

**\*IMPORTANT\* Preferred Method of Payment**

**Circle One:** E-transfer/EFT (provide banking info)/Cheque (if choosing EFT please complete back of page)

Payable to: _____	_____
Mailing Address: _____	Delegate Signature _____
_____	_____
Email Address: _____	Authorizing Officer (Cando) _____

Please submit expense claims via email to:

Karrie Lazarowich

Email: klazarowich@edo.ca

**DEADLINE: January 12, 2024**

Please use this form if attending the Accredited Training only on November 27, 2023.

# Direct Deposit/Electronic Funds Transfer (EFT)

Please complete all sections and attach a copy of a void cheque or a copy of your bank account direct deposit form.

Institution Code (3 digits) \_\_\_\_\_

Transit No. (5 digits) \_\_\_\_\_

Account No. \_\_\_\_\_

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Participant Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_