



Expense Claim

Name:						Community	<i>r</i> :
Location of n	neeting: (Grey Eagle Re	sort - Tsuut	'ina AB		Circle One:	EDO/Land Manager
Subject of me	eetings: /	Accredited Tra	ning/AB Link	s to Learning	2023		
Travelled from	m:						
		Sunday	Monday	Tuesday	Wednesday	Thursday	
MEALS:			27-Nov-23		29-Nov-23	30-Nov-23	
Breakfast	24.35		Included	Included	Included		\$
Lunch	24.65		Included	Included	Included		\$
Dinner	60.45						\$
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		Airfare/Bagg	age Fees (re	eceipts require	ed)		\$
		Hotel (receip	ts required -	Grey Eagle R	esort only)		\$
		Parking (rec	eipts required	1)			\$
		Taxi/Uber (re	eceipts requir	ed)			\$
Kilometre rate:		Mileage:	53 c	ents per/km	x	kms =	\$
AB-53.0							
						т	otal Claim \$
*IMPORTANT	* Preferr	ed Method of	Pavment				
				Cheque (if c	hoosing FFT r	lease compl	ete back of page)
			burning into,	"Oneque (il o			the buok 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 and the Links to Learning from November 27-29, 2023. November 26 and November 30 are travel days.

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.

Participant Name:

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Date:
