|  |
| --- |
| **EVENT INFORMATION**: Please submit travel expense claim and receipts within 30 days of the event  |
| Name of Event: |  | Date of Event: |  |
| Location: |  | Purpose:  |  |

|  |
| --- |
| **CONTACT INFORMATION** |
| First Name: |  | Last Name: |  |
| Phone: |  | Email: |  |
| Address: |  | City: |  |
| Postal Code: |  | Club: |  |
| Signature: |  | Date: |  |

|  |
| --- |
| **TRAVEL EXPENSES**:Airfare, Mileage\*, Accommodation, Meals etc. (please attach receipts)\*Mileage $.40/km x \_\_\_\_\_\_\_\_\_\_ km = $ \_\_\_\_\_\_\_\_\_\_ |
| Date | Details of Expenses Claimed | Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total Travel Expenses |  |
| Amount to be Reimbursed by Bowls Alberta (if unsure please leave blank)  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| For use byTreasurer: | Date received: | Date approved: | Cheque #: | Comments: |
|  |  |  |  |