



# ONTARIO SOUTH ASSEMBLY (AREA 86)

## AL-ANON/ALATEEN FAMILY GROUPS

### SECTION.10: FORMS & Miscellaneous E: EXPENSE CLAIM

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2016 08

Date Submitted: _____ Name: _____ Position Held: _____	Date paid: _____ Cheque #: _____ Amount: _____ Paid by: _____
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Claiming Expenses incurred... (check off PURPOSE and FUNCTION/EVENT)

DATE OF FUNCTION/EVENT: \_\_\_\_\_

Purpose

Function/Event

- |                                       |                                   |  |
|---------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> to attend    | <input type="checkbox"/> Assembly | <input type="checkbox"/> Hand Over Meeting |
| <input type="checkbox"/> as organizer | <input type="checkbox"/> AWSC     | <input type="checkbox"/> Executive Meeting |
| <input type="checkbox"/> for planning | Other _____                       |  |

#### **Travel**

Mileage/Shared Travel can be claimed or Gasoline with receipt, not both.

- Gasoline \$ \_\_\_\_\_  Total Mileage \_\_\_\_\_ kms (include return trip @ .30c per km)
- Shared travel with \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_
- Claiming mileage from \_\_\_\_\_ to \_\_\_\_\_ ( use detail line above)

#### **Accommodation**

Names of roommates 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

- Claiming \_\_\_ nights @ \$ \_\_\_\_\_ per night (total to include taxes) \$ \_\_\_\_\_
- \_\_\_ nights were covered by Ontario South Assembly (two (2) to a room)
- Did not need accommodation – lives within a \_\_\_\_\_ km radius.

#### **Meals**

**Expenses are reimbursed for the total receipts, up to the maximum allowable, whichever is lowest. Unjustifiable meals will not be reimbursed (i.e., meals included at function – indicate as “provided”) Daily expense guideline - Breakfast \$10.00; Lunch \$15.00, Dinner \$25.00, Daily Total \$50.00, excluding alcohol beverages.**

day and date	day and date	day and date
Break fast \$ _____	Break fast \$ _____	Break fast \$ _____
Lunch \$ _____	Lunch \$ _____	Lunch \$ _____
Dinner \$ _____	Dinner \$ _____	Dinner \$ _____
Day Total \$ _____	Day Total \$ _____	Day Total \$ _____

Other expenses (specify and total on a different sheet) \$ \_\_\_\_\_

**Sub-total Expenses** \$ \_\_\_\_\_

**Less** any advance received if applicable (see note below) if float is to remain in effect, write N/A \$ < \_\_\_\_\_ >

Please **attach receipts and mail** to Ontario South Treasurer **Total Expense Claim** \$ \_\_\_\_\_

**Float or Advance** (Fill in **as a reminder**, it is easy to forget we ever received a float or an advance by the end of the term.)

- I did receive; a float or advance in the amount of \$ \_\_\_\_\_ on \_\_\_\_\_ (month & year)
- I declined; no float or advance was received.

**SPECIAL NOTE:** *Expense claims & receipts are to be submitted to the OSA Treasurer within 60 days of the event or claim could be declined. Initially claims & receipts can be submitted electronically, but original copies of claim form receipts need to be sent to the OSA Treasurer within 60 days.*