



ONTARIO SOUTH ASSEMBLY (AREA 86)
AL-ANON/ALATEEN FAMILY GROUPS

SECTION.10: FORMS & Miscellaneous
E: EXPENSE CLAIM

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2018 01

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 @ .40c 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.