

TOWN OF HARDISTY
Expense Claim Form

DEAN LANE

NAME OF CLAIMANT

Month	Depart Return Times	Description of Trip and Other Expenses	Meeting Rate	Private Car km	Meal Amounts			Other Expense (\$% per diem)	Lodging Expense
					B(\$9.2)	L(\$11.6)	D(\$20.75)		
2015									
SEP 22		AUMA	90						
SEP 23		AUMA	180						
SEP 24		AUMA	180						
SEP 25		AUMA	180	750					
5 months	69x5	FAUSTAFF WASTE		345					
		LIBRARY LACOMBE		384					


Total (Page 1 & 2 if required)

\$ 630	1479 ^{km}	\$ -	\$ -	\$ -	\$ -	\$ -
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Kilometer Claim			
Class	Rate	km	Amount
	\$0.505	1479 0	\$ -
		1479	746.90
Total			\$ -

Total Claim:

\$ 1376.90-

Signature of Claimant 

Date: Jan 28 / 16



746.90