

TOWN OF HARDISTY
Expense Claim Form

Anita Miller
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)		
2017									
16-Jan-17		FIP Working Group	\$100.00						
21-Feb-17		FIP Working Group	\$100.00						
25-Apr-17		FIP Working Group	\$100.00						
2-May-17		FIP Working Group	\$100.00						
4-May-17		FIP Working Group	\$100.00						
10-May-17		FIP Working Group	\$100.00						
23-May-17		FIP Working Group	\$100.00						
29-May-17		FIP Working Group	\$100.00						

Total (Page 1 & 2 if required)

\$800.00	0	\$ -	\$ -	\$ -	\$ -	\$ -
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Kilometer Claim			
Class	Rate	km	Amount
A	\$0.455	0	\$ -
	TOWN OF HARDISTY		
GL#	2-11-04-151-00		\$ 800.00
			\$ -
			\$ -
			\$ -
			\$ -
		TOTAL	\$ 800.00

Total Claim: \$ 800.00

Signature of Claimant  Approved by: 

Date: 29-Jun-17