

TOWN OF HARDISTY Expense Claim Form

Connie Beringer
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)		
11/7/2013		Regional Library Lacombe		180					
11/19/2013		AUMA	\$ 140.00						
11/20/2013		AUMA	\$ 140.00						
11/21/2013		AUMA	\$ 140.00						
11/22/2013		AUMA	\$ 140.00						
TOWN OF HARDISTY									
		2-11-07-15-00	\$ 560.00						
		2-11-07-21-00	\$ 90.90						
		GL#	\$						
			\$						
			\$						
			\$						
			\$						
		TOTAL	\$ 650.90						

Approved by: SAB-F.O.
Total (Page 1 & 2 if required) \$ 560.00 180 \$ - \$ - \$ - \$ - \$ -

Kilometer Claim			
Class	Rate	km	Amount
	\$0.505	180	\$ 90.90
Total			\$ 90.90 ✓

Total Claim: \$ 650.90 ✓

Connie Beringer
Signature of Claimant

Date: Dec 12/13.