

TOWN OF HARDISTY Expense Claim Form

DEAN LANE

NAME OF CLAIMANT

Month 2013	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)		
NOVEMBER									
NOV 19/13	5:30pm-9am	EMERGENCY MANAGEMENT	\$70						
NOV 25/13	7pm-10pm	FRS WMA	\$70						
TOWN OF HARDISTY									
		2-11-12-151-00	\$	140.00					
	GL#		\$						
			\$						
			\$						
			\$						
		TOTAL	\$	140.00					
	Approved by:			F.O.					

Total (Page 1 & 2 if required)

\$140.00	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Kilometer Claim			
Class	Rate	km	Amount
	\$0.505	0	\$ -
Total			\$ -

Total Claim:

\$ 140.00 -

Signature of Claimant

Date:

Dec 27 13