



NOTE: Please submit all ORIGINAL receipts.

Name*: _____

Mailing Address: _____

Postal Code: _____

Business Tel: _____ Fax: _____

Residence Tel: _____ Email: _____

If expense paid on a purchase card include school / jurisdiction beside your name. Cheque will be made directly to your organization.

PROGRAM TITLE: _____

PROGRAM DATE: _____

Substitute Information (please \checkmark one): An invoice for sub costs will be arriving from _____
 Sub costs will not be incurred

DATE	TYPE OF EXPENSE	KMS	NET AMOUNT	GST 5%	TOTAL AMOUNT
	Travel @ \$0.50/km x ____km		\$ -	\$ -	\$ -
	Travel				\$ -
					\$ -
	Accommodations (\$135-\$150/night) (including taxes)				\$ -
					\$ -
	Meals Breakfast to a maximum of \$20/day. Lunch to a maximum of \$25/day. Supper to a maximum of \$30/day, excluding alcohol. Original receipts required.				\$ -
					\$ -
	Honorarium				\$ -
					\$ -
	Other Please detail and provide receipts				\$ -
	TOTALS				\$ -
			TOTAL DUE		\$ -

I hereby certify that the whole of the expenditure was incurred on Calgary Regional Consortium or Alberta Regional PD Consortia business and that the amounts claimed have not been previously paid to me or on my behalf and are supported by receipts. **It is the responsibility of the speaker to claim income for tax purposes.**

 Claimant's Signature

 Date