

Box 1323 Edmonton AB T5J 2N2 780-456-3277

MILEAGE EXPENSES

NAME:		
Site Location:		
Position held on the	ne Board of Directors:	
Date:	Destination:	km:
	Total km:	
	total km x 0.61	\$
	add: Parking (receipts must be attached)	\$
	Total dollar amount:	
(Member's Signatu	re) (Authorized Signature)	