

# Officials Expense Claim Form



**Badminton Alberta**, 60 Patterson Blvd SW, Calgary, AB, T3H 2E1  
 Tel: (403) 297-2722 Fax: (403) 297-2706 email: jbell@badmintonalberta.ca

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Event: \_\_\_\_\_  
 Dates: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Role: \_\_\_\_\_

**TRAVEL**

|               | Amount | Tax | Sub-total |
|---------------|--------|-----|-----------|
| Airfare       |        |     | \$0.00    |
| Car Rental    |        |     | \$0.00    |
| Taxi, Parking |        |     | \$0.00    |
| Other         |        |     | \$0.00    |

**MILEAGE**

(1 perspn .25/km, 2 persons .38/km, 3 persons .50/km)

|  | Total KM | Rate   | Sub-total |
|--|----------|--------|-----------|
|  |          | \$0.25 | \$0.00    |
|  |          | \$0.38 | \$0.00    |
|  |          | \$0.50 | \$0.00    |

**ACCOMMODATIONS**

(Max. \$135 including tax per night)

| Please Indicate Hotel Name and dates here | Amount | Tax | Sub-total |
|---|--------|-----|-----------|
|   |        |     | \$0.00    |
|   |        |     | \$0.00    |
|   |        |     | \$0.00    |

**MEALS**

(Dinner \$25, Lunch \$15, Breakfast \$10)

|  | Days | Per Diem | Sub-total |
|--|------|----------|-----------|
|  |      | \$25.00  | \$0.00    |
|  |      | \$15.00  | \$0.00    |
|  |      | \$10.00  | \$0.00    |

**MISCELLANEOUS**

(Please specify)

|  | Amount | Tax | Sub-total |
|--|--------|-----|-----------|
|  |        |     | \$0.00    |
|  |        |     | \$0.00    |
|  |        |     | \$0.00    |

|                    |               |
|--------------------|---------------|
| <b>TOTAL CLAIM</b> | <b>\$0.00</b> |
|--------------------|---------------|

**\*PLEASE ATTACH ALL RECEIPTS\***  
 claims will not be processed  
 without receipts

**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Note: All claims must be submitted  
 within 30 days of the event**

| <b>Office Use Only</b> |  |
|------------------------|--|
| Payment Authorization  |  |
| Name                   |  |
| Title                  |  |
| Date                   |  |
| Amount Authorized      |  |
| Signature              |  |