



8301 -110 Street  
Grande Prairie, AB  
T8W 6T2

**EXPENSE CLAIM FORM**

Name : \_\_\_\_\_ Meeting: \_\_\_\_\_  
Address: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Location: \_\_\_\_\_  
\_\_\_\_\_ Representing: \_\_\_\_\_

Date	Description of Expenses	Charge to Account	Dept	Total Cost Incl. GST	Breakdown of Expenses	
					Actual Cost (less GST)	GST
Mileage Claim: Total Kilometers: _____ @.70/KM						
Total Payable to Claimant:						

Notes: \_\_\_\_\_

\_\_\_\_\_

Signature of Claimant

Date

I hereby certify that the whole of the expenditures was incurred on Peace Library System business and that amounts claimed have not previously been paid on my behalf.

For Accounting Use Only			GST#
10782 8469 RT			
Account	Dept .	Amount	
Total Paid: \$			
Chq. #	Date Paid:		

Approved \_\_\_\_\_ Date \_\_\_\_\_