

Alberta Racquetball Association - Travel Expenses

Name		Address				
E-mail		City	Postal Code			
Purpose		Approved by				
Expenses	Dates	Details		Amount		
Transportation		<input type="checkbox"/> Air	<input type="checkbox"/> Taxi	<input type="checkbox"/> Rental car	<input type="checkbox"/> Other	\$
		<input type="checkbox"/> Air	<input type="checkbox"/> Taxi	<input type="checkbox"/> Rental car	<input type="checkbox"/> Other	\$
		<input type="checkbox"/> Air	<input type="checkbox"/> Taxi	<input type="checkbox"/> Rental car	<input type="checkbox"/> Other	\$
		<input type="checkbox"/> Air	<input type="checkbox"/> Taxi	<input type="checkbox"/> Rental car	<input type="checkbox"/> Other	\$
Own car		Mileage @ \$0.52 km			\$	
Lodging		Location			\$	
		Location			\$	
		Location			\$	
		Location			\$	
Meals		(Not to exceed \$50/day)			\$	
		(Not to exceed \$50/day)			\$	
		(Not to exceed \$50/day)			\$	
		(Not to exceed \$50/day)			\$	
		(Not to exceed \$50/day)			\$	
		(Not to exceed \$50/day)			\$	
		(Not to exceed \$50/day)			\$	
Other		Purpose			\$	
		Purpose			\$	
		Purpose			\$	
		Purpose			\$	
				Subtotal	\$	
				Less amount paid by ARA	\$()	
				Total amount owing to claimant	\$	
Signature				Date		

Please attach **receipts** for all listed expenses, sign the form and send to:

Alberta Racquetball Association
 47 Walden Crescent
 St. Albert, AB T8N 3N5

(780) 918-5332