

## 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				\$
<b>Subtotal</b>					\$	
<b>Less amount paid by ARA</b>					\$(     )	
<b>Total amount owing to claimant</b>					\$	
Signature				Date		

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

Alberta Racquetball Association  
 #520 919 Centre St NW  
 Calgary, AB T2E 2P6

(403) 744-5229