

BC / Yukon Area Assembly Officer & Coordinator Expense Sheet

Name: _____ Position _____

Address: _____

Date: _____ Phone: _____ Email: _____

Please attached receipts where applicable	Area	AWSCM	Assembly
Travel Expenses			
*Auto: Gas Receipts			
Highway Toll / Ferry			
Hotel – double rate (_____ nights @ \$ _____)			
Meals (the lesser of actual or max \$50 / day)			
Miscellaneous – please list			
Phone Calls / Faxes			
Photocopying (_____ copies @ _____ / copy)			
Postage			
Supplies: paper, envelopes, etc			
TOTAL	\$	\$	\$

PLEASE NOTE: Receipts are required for all expense claims wherever possible.

As per 09/2001 receipts are required for all meals. One person per vehicle to claim gas costs. Please list names of fellow passengers on reverse.

If you are unable to provide a receipt for any item, please sign here to indicate that you certify the receipt is for a related expenditure and there is no other documentation forthcoming:

_____ (Signature)