LACROSSE CANADA
CROSSE CANADA

ADMIN@LACROSSE.CA
LACROSSE.CA
360 KING ST W, UNIT 102
OSHAWA, ON L1J 2J9

EXPENSE CLAIM FORM

NAME:

ADDRESS:

EVENT: DATE:

PLEASE ENSURE THAT YOU HAVE COMPLETED + SUBMITTED AN EFT ENROLLMENT FORM FOR ELECTRONIC PAYMENT

TRAVEL EXPENSE	AMOUNT
air travel, train tickets (receipts required)	
ground transportation, taxi, ferry, car rental, fuel (receipts required)	
parking expenses (receipts required)	
private motor vehicle _____km @ $0.40 CAD /km	
MEALS	**AMOUNT**
Breakfast _____ @ $15.00 CAD _____ Lunch _____ @ $15.00 CAD _____ Dinner _____@ $30.00 CAD _____	
OTHER EXPENSES (details & receipts required)	**AMOUNT**

TOTAL: _____

PLEASE SPECIFY CURRENCY: _____

_____
Applicant's signature