



**Girl Guides
of Canada**

**Guides
du Canada**

Lougheed Area

Expense reimbursement form

Cheque Payable to: _____
 Address (incl. City): _____
 Postal Code: _____ Phone #: _____

MILEAGE

DATE	EVENT / MEETING	DISTANCE DRIVEN	Rate per KM	COST
_____	_____	_____	0.42	_____
_____	_____	_____	0.42	_____
_____	_____	_____	0.42	_____
_____	_____	_____	0.42	_____
_____	_____	_____	0.42	_____
_____	_____	_____	0.42	_____
_____	_____	_____	0.42	_____

MILEAGE TOTAL \$ _____

OTHER EXPENSES

DATE	RECEIPT NAME	DESCRIPTION / CATEGORY	COST
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER EXPENSE TOTAL \$ _____

TOTAL REQUESTED \$ _____

Approved by: _____

This form to be used for **ALL** payment requests. Claims are to be submitted to Area Treasurer within 30 days of the event and / or prior to monthly Area meetings per established guidelines. **ALL** expenses pertaining to a prior fiscal year **MUST** be submitted no later than January 15th each year in order to facilitate the completion and year end review of the financial records within the prescribed dates.