Year: Name:		For the Month of :
Mileage, Lodging and Subsistence for Board/Committee Members		
	Finan	icial Coding for Town: 01-720-60-272010
Meal Allowance: \$	60/day Incid	dental Expenses: \$25/day - receipts must be included
Breakfast:	\$15.00/day	Mileage Allowace: \$0.59/km
Lunch:	\$20.00/day	-
	\$25.00/day	**Reimbursement for alcohol is not included
	•	
	. <u></u>	
0		Location:
Duration: Registration		
Total Meals		
Incidental		
Mileage Traveled (km)		
(KIII)		
DATE:		
Meeting or Event:		
Registration		
Costs: Lodging Costs:		
Total Meals		Total Expense:
Incidental		
Expenses:		
Mileage Traveled		
(km)		
DATE:		
Meeting or Event:		
Duration:		
Registration		
Costs:		
Lodging Costs:		Total Expense:
Total Meals Claimed:		
Incidental		
_		
Mileage Traveled		
(km)		
<b></b>		
Claimant's Signatur	e:	Board Chair:

Morinville Community Library Policy and Procedures Manual Approved by Board: 09-21