



# Antigonish Highland Dance Association



## Expense Claim

<b>Name</b>					<b>Address</b>	
<b>E-mail</b>						
<b>Purpose</b>						
<b>Expenses</b>	<b>Dates</b>	<b>Details</b>				<b>Amount</b>
<b>Transportation</b>		<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	
<b>Own car</b>		Mileage _____ km x .40				
<b>Lodging</b>		Location				
		Location				
		Location				
		Location				
<b>Meals</b>						
<b>Fees (Judge, Instructor, etc.)</b>						
<b>Other</b>		Purpose				
		Purpose				
		Purpose				
		Purpose				
<b>Total</b>					\$1328.96 US \$1895.72 CAD	

Please attach all applicable receipts and sign this form.

<b>Signature</b>	<b>Date</b>
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To be completed by AHDA	
<b>Approved by (print)</b>	
<b>Approved by (signature)</b>	
<b>Position</b>	
<b>Cheque #</b>	Total
<b>Date</b>	