



THE CANADIAN
BAR ASSOCIATION
Alberta Branch

EXPENSE REIMBURSEMENT FORM

Expense Report of: _____

(Name)

Address: _____

(Reimbursement mailed to)

Phone # _____

Cheque made payable to: _____

(If different from above)

Meeting/Section Information: _____

Signature: _____

Date: _____

Expense Description	Amount	GST	Total Amount

Please submit original receipts

*Note: Mileage rate is 53 cents/km

*Note: All air travel must be booked by the staff of the Branch. Only air travel booked on the basis of the least expensive reasonably available advance booking (economy class) is reimbursable.

Return to:

Canadian Bar Association-AB Branch

Attn: Accounting Dept

1725, 311 – 6 Avenue SW

Calgary, AB T2P 3H2

Ph (403) 263-3707 Fax: (403) 265-8581 email: accounts@cba-alberta.org