

# CITY OF WETASKIWIN

**Expense Claim Form:**

Sue Howard

Authorization is granted to travel to \_\_\_\_\_ on behalf of the City of Wetaskiwin.

| DATE           | TRAVEL/MEALS DESCRIPTION                                       | EXPENSE CODE    | # of KM<br><small>0.59/KM</small> | EXPENSE \$ | GST \$ | Total Expense |
|----------------|--|-----------------|-----------------------------------|------------|--------|---------------|
| 12/02/20       | UofA NACLAA Course<br>City cc didn't work so used personal one | 1-310-040-52110 |                                   | \$795.00   | \$0.00 | \$795.00      |
|                |  |                 |                                   |            |        |               |
|                |  |                 |                                   |            |        |               |
|                |  |                 |                                   |            |        |               |
|                |  |                 |                                   |            |        |               |
|                |  |                 |                                   |            |        |               |
|                |  |                 |                                   |            |        |               |
|                |  |                 |                                   |            |        |               |
|                |  |                 |                                   |            |        |               |
|                |  |                 |                                   |            |        |               |
|                |  |                 |                                   |            |        |               |
|                |  |                 |                                   |            |        |               |
|                |  |                 |                                   |            |        |               |
|                |  |                 |                                   |            |        |               |
| <b>Totals:</b> |  |                 |                                   |            | \$0.00 | \$795.00      |

I certify that the above is a true and accurate account of the expenses incurred.

|                             |                 |
|-----------------------------|-----------------|
| <b>Less Travel Advance:</b> | N/A             |
| <b>TOTAL NET CLAIM:</b>     | <b>\$795.00</b> |

Sue Howard  
Employee Signature

Dec 22/20  
Date

[Signature]  
Supervisor Signature

\_\_\_\_\_  
Accountant / Treasurer