

**Alberta Lacrosse Association  
Expense Reimbursement Request**

*Please attach all **ORIGINAL** receipts **BEHIND** this Expense form and Mail it to the ALA Office, 11759 Groat Road, Edmonton T5M 3K6 within 14 days of the incurring expense.*

**Please issue payment to:** \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Authorized: \_\_\_\_\_

Address: \_\_\_\_\_ Approved: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Meeting / Clinic:**

For the \* \_\_\_\_\_ held on \_\_\_\_\_ 20\_\_\_\_:

- *Please state the type of meeting or clinic i.e, Executive Meeting, AGM*

**Travel:** (*Airline, Bus, Train tickets must be provided*) \$ \_\_\_\_\_

**Accommodation:** (*Maximum \$80.00 /night- receipt must be provided*) \$ \_\_\_\_\_

**Meals:** (*Maximum to \$40.00/day- receipts must be provided*) \$ \_\_\_\_\_

**Other:** (*Please List*) \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General Expenses**

**Supplies:** (*Please attach receipts*) \$ \_\_\_\_\_

**Other Expenses:** (*Please list on reverse*) \$ \_\_\_\_\_

**TOTAL EXPENSE REIMBURSEMENT REQUESTED** \$ \_\_\_\_\_