

Chq. # & date



APLA Executive Expense Claim Form

Date and purpose of meeting: _____

PLEASE INCLUDE RECEIPTS WHEN POSSIBLE

Transportation:

Air fare (economy fare/seat sale whenever possible): _____

Ground transportation from airport (bus trip or equivalent): _____

To airport: _____

To hotel: _____

From hotel: _____

From airport: _____

OR Use of personal vehicle to travel to workshop @ 0.38/km
_____ km used _____

OR Bus fare to/from workshop _____

Meals not covered by workshop attendance:

\$8.00 (Breakfast) _____

\$10.00 (Lunch) _____

\$24.00 (Dinner) _____

SUB-TOTAL: _____

Accommodation:

Room charges, phone calls, etc. are your responsibility: **Subtract:** _____

Advance: **Subtract:** _____

TOTAL REQUESTED: _____

Name:

Refund Address:

Signature: _____

Date: _____

Mail to: Treasurer, Atlantic Provinces Library Association
School of Information Management
Faculty of Management - Kenneth C. Rowe Management Building
6100 University Avenue
Halifax, Nova Scotia Canada
B3H 3J5