



The Alpine Club of Canada

Board Meeting Expense Claim

Board Member's Name:	
Address:	
Phone:	
Email:	

Date	Description	Transportation/ Mileage	Lodging	Meals	GST		Total
						Subtotal	
						Advance (if any)	
						Total owed to you	
						Total due	

Board Member's
Signature: _____ Date: _____

Approved
by: _____ Date: _____

Receipts must be attached to expense form
Please forward Expense Report to address below

Director, Club Services
Alpine Club of Canada
P.O. Box 8040
Canmore, AB
T1W 2T8

Phone: (403) 678-3200 ext 109
Fax: (403) 678-3224
Email: swalker@AlpineClubofCanada.ca