

EMRB Expense Claim Form

info@emrb.ca

Attendee Name:	Mayor Gale Katchur
Payable To (If different from above):	
Mailing Address:	[REDACTED]
City/Town/Village:	
Postal Code:	

Accounting Information

Meeting Date	Meeting Name	# of KM	Net KMs (0.505/KM)	Per Diem (\$200/mtg)	KMs net of gst	KMs GST	Total
5/14/2020	Board Meeting		\$ -	\$ 200.00			\$ 200.00
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
		Subtotal:		\$ 200.00			\$ 200.00
Date	Other Expenses (Parking, etc.)	Amount of Claim (Excl. GST)				GST (if any)	
							\$ -
							\$ -
Total							\$ 200.00

Notes:

Gale Katchur
 Claimant's Signature

Mar. 4/21
 Date

Office Use Only

Signature:					
Cheque #:		Date Paid:		Date Mailed:	
Code	Amount	Meeting	Code	Amount	Meeting
5015		Board	5105		Board
5045		Executive	5136		Executive
5047		Audit & Finance	5137		Audit & Finance
5033		RAMP	5121		RAMP
5038		MRSP	5132		MRSP
5048		SISB	5138		SISB
5043		IRTMP	5114		IRTMP