## SPECIAL OLYMPICS ALBERTA ASSOCIATION

## Affiliate Travel Reimbursement Application

Effective July, 2010

AFFILIAT	E NAME:					
	(Expenses will only be reimbursed to the affiliate)					
A.						
Date	MILEAGE Details (ONLY IF RENTAL NOT AN O	OPTION)	Total km	Rate/km	Total	
				\$0.44		
				\$0.44		
				\$0.44		
				\$0.44		
**Mileage re	mbursement may be limited if car pooling	TOTALS				
and/or car re	ntals are a more economical option.					
_						
B.	Accomodation Expenses (Specify)					
Date	Details		Amount	GST	Total \$	
		TOTALS				
	TOTAL EXPENSES:	A.				
		В.				
AMOUNT DUE CLAIMANT				\$		
voting dele	ance with Special Olympics Alberta Accreditation Si egate to the annual AGM and Fall Conference. If a essistance to a maximum of \$300.					
apply for a	isolotanos to a maximum or 4000.					
Effective July, 2010 all affiliates must have one athlete appointed to sit on the local AMC. If this athlete attends the AGM and Fall Conference along with the voting delegate, the affiliate will be eligible for up to \$500 in travel reimbursement costs for the two attending members.						

The voting member will be responsible for their own travel arrangements to/from the AGM/Conference (provincial office will offer accommodation options)

To receive the assistance, the affiliate must submit this expense claim along with receipts and/or proof of payment to the provincial office before November 30. Eligible expenses are limited to travel to/from the AGM/Fall Conference and accommodations only.

## For office use only:

To one accomy.					
Account #	Description	Amount			
5182-4003	Stakeholder Cons-Aff. Travel				
1550	GST				
12	·				