|  |  |
| --- | --- |
| **Name** |  Expense Report- ORNAO |
| Address  | **DATE:** |   |
|    | **FOR:** | *ORNAO* |
| **Bill To:** |  |  |  |  |
| ORNAO |  |  |  |  |
| Attention: Treasurer |  |  |  |  |
|  |  |  |  |  |
| **Expense Type** | **Cost** | **HST** | **Total** |
| **Air/Bus/Train fare** |  |   |   |  $ -  |
| **Hotel**  |  |   |   |  $ -  |
| **Meals & Incidentals (Maximum $30.00/day)\*** |  |   |   |  $ -  |
| **Automobile Kilometers @ 52 cents / km** |   |  $ -  |   |  $ -  |
| **Parking/Taxi** |  |   |   |  $ -  |
| **Telephone - October, November & December** |  |   |   |  $ -  |
| **Registration fee (conference/course)** |  |   |   |  $ -  |
|  |  |   |   |  $ -  |
|  |  |   |   |  $ -  |
|  |  |   |   |  $ -  |
|  |  |   |   |  $ -  |
| **Other** (specify): Taxes |  |   |   |  $ -  |
| **TOTAL** |  |   |   |  $ -  |
|  |  |  |  |  |
| (Original receipts must be included with this expense report and be accompanied by a signed copy of this form\* | Signature: |
|  |  |  |  |  |
| \*All expenses are subject to conditions as set forth in the ORNAO By-Laws/financial policies. |
|  |  |  |  |  |