|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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. | | | | |
|  |  |  |  |  |