

Ontario Association of Bovine Practitioners



Board Expense Report

Name:

Date:

Address:

Expense Summary

<u>Date</u>	<u>Expense Purpose</u>	<u>Hotel</u>	<u>Meals</u>	<u>Mileage(km)*</u>	<u>Mileage \$</u>

Total to be paid: _____

* Mileage rate is \$0.47/km

Note: ALL mileage over 100 km is expensibile, including the first 100 km.
Trips of less than 100km are not paid by OABP.

Please send signed copy of this form with all applicable receipts.

Mail to: Ontario Association of Bovine Practitioners, P.O. Box 4, Belwood, ON N0B 1J0

Email: oabpruth@gmail.com

Signature:

Directions for submitting claims:

1. Complete form using spreadsheet function to make math easy. Insert additional rows as needed.
2. Print form.
3. Sign form and attach receipts.
4. Mail or email all to OABP.

Thanks!