



LIFESAVING SOCIETY®  
SOCIÉTÉ DE SAUVETAGE

*The Lifeguarding Experts*  
*Les experts en surveillance aquatique*

**EXPENSE CLAIM / RÉCLAMATION**  
**New Brunswick Branch/Division de Nouveau-Brunswick**  
**440 chemin Wilsey Road, Suite/bureau 105, Fredericton, NB, E3B 7G5**

Name/Nom: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address(e): \_\_\_\_\_

| Date | Purpose/<br>Détails | Mileage/<br>Kilométrage<br>#km x \$0.30 | Train/Bus<br>Air/Avion<br>Taxis | Hotel | Meals/<br>Répas | Other/<br>Divers | <u>TOTAL</u> | <u>Tax</u> |
|------|---------------------|---|---------------------------------|-------|-----------------|------------------|--------------|------------|
|      |                     |   |                                 |       |                 |                  |              |            |
|      |                     |   |                                 |       |                 |                  |              |            |
|      |                     |   |                                 |       |                 |                  |              |            |
|      |                     |   |                                 |       |                 |                  |              |            |
|      |                     |   |                                 |       |                 |                  |              |            |
|      |                     |   |                                 |       |                 |                  |              |            |

I hereby certify that the above is correct and that the total amount was incurred on behalf of the Lifesaving Society NB Branch.  
Je certifie par ceci que ce qui précède est correct et que le montant total a été encouru au nom de la Société de sauvetage N-B.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

|  |                 |
|--|-----------------|
| <b>OFFICE USE ONLY / POUR L'USAGE DE BUREAU SEULEMENT:</b> |                 |
| APPROVED BY: _____   | PAID ON: _____  |
|  | CHEQUE #: _____ |