



Expense Reimbursement – 2023 Date: _____

Name: _____

Address: _____

Phone Number: _____

Email: _____

Name of Hotel _____ Room Number _____

Name of Campground _____ Site Number _____

EXPENSES: (attach receipt) Please enter the total amount below for each service you have used, and we require all receipts at time of claim

Date	Breakfast \$12.00 * Per Person	Lunch \$24.00 * Per Person	Dinner \$32.00* Per person	Accommodations \$149.00* Per Night

TOTAL EXPENSES \$ _____

Evacuees Signature

* maximum amount that will be reimbursed. No alcohol

Please bring or mail this form along with **ORIGINAL RECEIPTS** to the County of Grande Prairie for processing.

County of Grande Prairie No.1
 10001 84 Avenue
 Clairmont, AB
 T8X 5B2
 (780)567-5586