**Expense Reimbursement Form**

|  |  |  |
| --- | --- | --- |
| **Name:** (Please Print) |  |  |
|  |  |  |
| **Mailing Address:** |  |  |
|  |  |  |
| **Town:** | **Province:** | **Postal Code:** |
|  |  |  |
| **School Employed:** | | |
|  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Travel Expenses** | | | | |
| **Place Travelled to:** | | | | |
| **Date of Travel:** | | **Purpose:** | | |
| **Vehicle Mileage** (Round-Trip distance from school of employment) | \_\_\_\_\_\_\_\_\_\_ km @ 50₵/km | | | $ |
| **Meals**  Breakfast \_\_\_\_ @ $15, Lunch \_\_\_\_ @ $20, Supper \_\_\_\_ @ $30 | | | | $ |
| **Lodging**  (Attach original receipts) | | |  | $ |

|  |  |
| --- | --- |
| **Other Claims (Attach original receipts)** | |
|  | $ |
|  | $ |
|  |  |
| **Staff Rep Honorarium** ($25): If claimed, I attest that I am attending a regular NWTA meeting as the one designated staff rep for the school listed above. | $ |

|  |  |  |
| --- | --- | --- |
| *I hereby certify the above is a correct and true statement and that the expenditures were incurred in service for the North West Teachers’ Association.* | **Total** | $ |
| I prefer payment by: cheque Interac e-Transfer (email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  print neatly! | | |

|  |  |
| --- | --- |
| **Teacher Signature:** | **Date Signed:** |
|  |  |

|  |  |
| --- | --- |
| **Approved by:** | **Cheque:** |