



## ATA Battle River Local #32 -Expense Claim Form

Name: \_\_\_\_\_ School: \_\_\_\_\_

Activity: \_\_\_\_\_ (C2, TWAC, Provincial Meetings, ARA -please specify)

Date: \_\_\_\_\_ Place: \_\_\_\_\_

### TRAVEL

From \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_

Total Mileage: \_\_\_\_\_ @ .54/km Total: \_\_\_\_\_

OR

Airfare: \$ \_\_\_\_\_ (attach receipt)

### MEALS

Meals: (not to exceed the amounts shown)

# of breakfasts @ \$15 \_\_\_\_\_

# of lunches @ \$20 \_\_\_\_\_

# of suppers @ \$25 \_\_\_\_\_

Less : Meals supplied by organization: - \_\_\_\_\_

TOTAL: \_\_\_\_\_

(attach receipts)

### ACCOMMODATION

Accommodation: (not to exceed \$200 + tax)

# of nights \_\_\_\_\_ @ \_\_\_\_\_/night Total: \_\_\_\_\_

(attach receipts)

### OTHER EXPENSES

Please specify and attach receipts:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ Place a check mark if there is a Grant in Aid for this expenditure

Signature: \_\_\_\_\_ Total Claim Amount: \_\_\_\_\_

Cheque # issued: \_\_\_\_\_