CALGARY CATHOLIC TEACHERS ATA LOCAL 55

Expense Claim For Those Attending Provincial Association Business On Behalf Of The Local

Fill out the form below completely. All receipts should be attached to the form and send it to Varsha, ATA Local 55

NAME _____

SCHOOL _____

HOME ADDRESS _____

_____

HOME EMAIL _____

NAME OF MEETING _____

PLACE _____

MEETING DATE _____

PLACE WHERE TRIP STARTED/ENDED _____

DETAILS OF CLAIM

Airfare (Attach Receipt) or _____ km @ 54 ¢	
Taxi / Parking/ Vehicle Rental (Attach Receipt	
Hotel: (Attach Receipt	
Other (Specify- Attach Receipt	
Other (Specify- Attach Receipt	
Total Claim	

Claimant Signature

Treasurer/President

Submission Date _____