

CALGARY CATHOLIC TEACHERS' ATA LOCAL 55

COMMITTEE RECEIPT SUBMISSION FORM

Please scan this form and receipts and forward via email to accounting@ataloc55.ab.ca for processing.

Name:			School/Worksite (or home address if on leave):	
Home Phone:			Local Committee:	
Local or Provincial Work (eg Committee Meeting, CBC Conf, LCO Mtg Etc):			Local or Provincial Work Location:	
Dates:	From:	To:	Did you carpool?: Y/N	If so, with whom:

Expenses:

Note: All requests for reimbursement must be accompanied by original detailed and dated receipts.

An exchange rate of 1.25 will be used on all USD expenses (unless documentation is provided to show actual rate incurred (e.g. credit card statement etc.).

Date:	Explanation/Details:	Day 1 (please enter date)	Day 2 (please enter date)	Day 3 (please enter date)	Day 4 (please enter date)	Total Amount	Office Use Only
Kilometrage <small>(Please remember - only the driver/car owner may claim kilometrage)</small>	From City: To City: To City:	Total Kilometers Roundtrip: @.68 <small>Please calculate kilometrage using Provincial Kilometrage Chart found here: https://docs.google.com/spreadsheets/d/1f1Y2ic-C5dNIGZUHu-CNIXTaWFWzUK_JuTVSeVqD77M/edit?usp=sharing</small>					
Transportation Other <small>(Uber/Vehicle Rental, Parking etc.)</small>	<small>(Rental Car/Bus/Train Company etc.)</small>						
Accommodations	<small>(Hotel /Motel Name)</small>						
Meals & Food	<small>If meals are NOT provided by the conference, you are welcome to claim for meal and food expenses. Daily meal maximums reflect PGS daily amounts: In City = \$50/day, In-Province \$100/day, Out-of-Province: \$120 per day. Detailed receipts must be attached and alcoholic beverages are not approved expenses.</small>						
Other Exp:	<small>(Please Explain)</small>						
Other Exp:	<small>(Please Explain)</small>						
Sub-Total							
Minus Funds from Other Sources						()	
Total Expenses Requested							

THIS IS TO CERTIFY THAT THE ABOVE FUNDING CLAIMS ARE TRUE AND REFLECT ACCURATE EXPENSES INCURRED BY MYSELF TO TRAVEL AND ATTEND THE WORK ON BEHALF OF ATA LOCAL 55.

DATE:

SIGNATURE:

Approval, President – ATA Local 55

