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

**NAME:** Click or tap here to enter text.

**SCHOOL:** Click or tap here to enter text.

**HOME ADDRESS:** Click or tap here to enter text.

**HOME EMAIL:** Click or tap here to enter text.

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**NAME OF MEETING:** Click or tap here to enter text.

**MEETING DATE:** Click or tap here to enter text.

**PLACE:** Click or tap here to enter text.

**PLACE WHERE TRIP STARTED/ENDED:** Click or tap here to enter text.

**DETAILS OF CLAIM**

|  |  |
| --- | --- |
| **Airfare (Attach Receipt) or km @ 54 ¢** | Click or tap here to enter text. |
| **Taxi / Parking/ Vehicle Rental (Attach Receipt)** | Click or tap here to enter text. |
| **Hotel: (Attach Receipt)** | Click or tap here to enter text. |
| **Other (Specify- Attach Receipt)** | Click or tap here to enter text. |
| **Other (Specify- Attach Receipt)** | Click or tap here to enter text. |
| **Total Claim** | Click or tap here to enter text. |

Claimant Signature Treasurer/President

Submission Date Click or tap to enter a date.