



North West Teachers' Association

Teachers of the Northwest School Division, Saskatchewan, Canada

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 @ 43¢/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 designated staff rep for the school listed above.	\$
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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	\$
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Teacher Signature:	Date Signed:
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Approved by:	Cheque:
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