

Expense Claim Form

PLEASE PRINT ALL INFORMATION Dated Submitted _____

Name _____

Name of School/Site _____

School/Site Telephone _____

Home Street Address _____ Suite/Apt No _____

City _____ Province _____ Postal Code _____

Home Telephone _____

Expense incurred on behalf of the following committee:

CLAIM

1. (Per Auto Km Record) _____

2. _____

3. _____

Total Claim _____

President/Chairperson/Treasurer's Signature

Claimant's Signature

PLEASE NOTE

- All claims except mileage require official **receipts**, *stapled to the back*.
- Use a **separate claim form** for each committee or budget item that you are claiming and send it at the same time.
- You are requested to submit your claim (s) when the total exceeds **\$75.00**, or on **December 10** and/or **June 10**, whichever comes first.
- Mileage is from school/site to meeting location and back to school/site.

FOR TREASURER'S USE

• Cheque # _____ Account # _____ • Date _____

AUTO EXPENSE RECORD

Month	Day	Destination	Function/Reason	Distance	Parking	Other
			Total			
Total Kilometres _____ @ \$0.68				1	2	3

Total of 1, 2, and 3: \$ _____ . Place total at 1 on the FRONT of the Claim Form