

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** _____

