

ATA Local No. 18

Expense Claim Form

Name: _____

Address: _____

Date: _____

I hereby claim these expenses were incurred for ATA Local #18 - Wetaskiwin business only

0.58 Mileage Rate (\$/km)

I hereby claim these expenses have not been recovered in full or in part through other means

Date	Travel Details					Other Expenses (Receipts Attached)		Total Cost
	mm-dd-yy	From	Location	Return	kms	Total	Description	
			<input type="checkbox"/>					
			<input type="checkbox"/>					
			<input type="checkbox"/>					
			<input type="checkbox"/>					
			<input type="checkbox"/>					
			<input type="checkbox"/>					
Totals								

Event	
<input type="checkbox"/>	TWAC
<input type="checkbox"/>	Leadership Essentials for Administration
<input type="checkbox"/>	Beginning Teachers Conference
<input type="checkbox"/>	PDAC
<input type="checkbox"/>	Secretaries' Seminar
<input type="checkbox"/>	Treasurers' Seminar
<input type="checkbox"/>	Summer Conference
<input type="checkbox"/>	Presidents' Meeting
<input type="checkbox"/>	Political Engagement Officers' Meeting
<input type="checkbox"/>	LCO Meeting
<input type="checkbox"/>	Other: _____

Budget Area	
<input type="checkbox"/>	Local Admin.
<input type="checkbox"/>	Executive
<input type="checkbox"/>	AGM
<input type="checkbox"/>	EPC/NSC
<input type="checkbox"/>	PDCOMM
<input type="checkbox"/>	SOC
<input type="checkbox"/>	TWAC
<input type="checkbox"/>	PDAC
<input type="checkbox"/>	TBAC
<input type="checkbox"/>	PEW
<input type="checkbox"/>	SUB
<input type="checkbox"/>	Local PD Grant
<input type="checkbox"/>	Other: _____

Meeting	
<input type="checkbox"/>	Local Meeting
<input type="checkbox"/>	Executive Meeting
<input type="checkbox"/>	TBAC
<input type="checkbox"/>	PD
<input type="checkbox"/>	EPC/NSC
<input type="checkbox"/>	DEHR
<input type="checkbox"/>	ARA
<input type="checkbox"/>	Other: _____

Office Use Only	
Date	Cheque #

Treasurer: Aaron Weimer

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School: Clear Vista School