

WETASKIWIN ATA LOCAL #18 CLAIM FORM



(Please Print)

Name _____

Address _____

Date(s) of Event _____ Location _____

Check ONE of the following:

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 _____

EVENT
<input type="checkbox"/> TWAC (Teacher Welfare Area Conference)
<input type="checkbox"/> Leadership Essentials for Administrators
<input type="checkbox"/> Beginning Teachers Conf.
<input type="checkbox"/> PDAC (Professional Development Area Conference)
<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"/> OTHER _____

GIA:

Fill in the form below and add totals	AMOUNT	
from _____ to _____ to _____ Travel _____ km total @ \$0.53/km		OFFICE USE ONLY
* Hotel		Date
* Meals		
* Parking		
* Other		Cheque #
<i>* Receipts or copies of receipts must be attached to receive payment *</i>		
TOTAL EXPENSE	\$ 0.00	

APPLICANT'S SIGNATURE _____

Date _____

Treasurer: James McComb
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 School: Wetaskiwin Composite High School