

WETASKIWIN ATA LOCAL #18
PDF CLAIM FORM

(Please Print)

Name _____ School _____

Address _____

Event _____

Date(s) of Event _____ Location _____

PD Conference Approved by _____

Designation _____

	Expense Amount	Budget Code
* PD Registration Form: (Attach Copy)		
Travel _____ km @ \$0.53/km from _____ to _____ to _____		
* Hotel(Attach		
* Meals		
* Parking		
* Other		
Total Expense		
PD: Deduct Payment by School (Attach copy of WRPS Claim Form)		
TOTAL CLAIM (PDAF)		

APPLICANT'S SIGNATURE _____

Date: _____ Cheque # _____

**Copy of WRPS Claim form and all receipts must be attached
to receive payment**

Treasurer: Ryan Mennear
Home Address: 5208 37A Ave Wetaskiwin, AB T9A2N7 Ph. 780.352.4353
School Address: Clear Vista School Wetaskiwin AB Ph. 780.352.6616