



Vernon Teachers' Association

4004- 31 Street Vernon BC V1T 5J6 • Tel (250) 542-0456 • www.veronta.com

Name _____
Last name *First name*

Address _____

City _____ Postal code _____

Expenses in connection with _____
_____ (on date)

	\$	¢
TRANSPORTATION		
Automobile (km) x50¢ from _____ + return		
Carpooling (km) x 10¢ x (#) passengers. List names: _____		
Airport tax/Highway tolls		
Bus / Taxi / Parking		
Ferry from _____ to _____ + return		
MEALS		
Breakfasts @ \$12.00 on (dates) _____		
Lunches @ \$14.00 on (dates) _____		
Dinners @ \$24.00 on (dates) _____		
ORIGINAL RECEIPTS from the establishment are required for all expenses below this line:		
Airfare from _____ to _____ + return		
Car rental		
Hotel _____ nights @ _____		
CONFERENCE registration and fees		
OTHER EXPENSES (Professional Resources) - receipts required		
TOTAL EXPENSES		
ADVANCES	()
AMOUNT DUE		

ALL RECEIPTS & VOUCHERS MUST BE ORIGINAL

Date _____ Signature _____

