|  |  |
| --- | --- |
| vtalogo | Vernon Teachers’ Association 4004- 31 Street Vernon BC V1T 5J6 • Tel (250) 542-0456 Fax (250) 542-0564 •*www..veronta.com* |
|  |  |

Name

*Last name First name*

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Postal code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expenses in connection with **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
|  | $ | ¢ |
| **TRANSPORTATION** |  |  |
| Automobile (km)  (other: please claim actual kms x $0.54) |  |  |
| Carpooling (km) x 10¢ x (#) passengers. List names: |  |  |
| Airport tax/Highway tolls |  |  |
| Bus / Taxi / Parking |  |  |
| Ferry from to + return |  |  |
| MEALS |  |  |
| Breakfast @ $14.00 on (dates) |  |  |
| Lunch @ $16.00 on (dates) |  |  |
| Dinner @ $26.00 on (dates) |  |  |
| **ORIGINAL RECEIPTS are required for all expenses below this line:** |  |  |
| Airfare from to + return |  |  |
| Car rental |  |  |
| Hotel  nights @ |  |  |
| Gas |  |  |
| Conference registration and fees |  |  |
| **OTHER EXPENSES** (Professional Resources) **-receipts required** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| TOTAL EXPENSES |  |  |
| ADVANCES |  |  |
| TOTAL CLAIM |  |  |

ALL RECEIPTS MUST BE ORIGINALS

Date \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Teacher Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PD CHAIR USE ONLY:

Amount Approved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved by