|  |  |
| --- | --- |
| vtalogo | Vernon Teachers’ Association4004- 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