

Western Teacher's Association Expense Form

Cheque Number: _____

Name _____
First Name Initial Surname

Address _____
Street, City/Town Postal Code Phone Number

1. OPERATING

a. _____

2. SOCIAL

a. _____

3. PUBLIC RELATIONS

a. _____

4. SCHOLARSHIP

a. _____

5. COLLECTIVE BARGAINING

a. _____

6. EQUALITY AND SOCIAL JUSTICE

a. _____

7. PROFESSIONAL DEVELOPMENT

a. _____

8. FIRST YEAR TEACHER

a. _____

9. INDIGENOUS EDUCATION

a. _____

10. RETREAT

a. _____

11. MTS A.G.M.

a. _____

12. FINANCIAL REVIEW

a. _____

13. PRESIDENT RELEASE TIME

a. _____

14. OTHER

a. _____

b. _____

Date: _____

Signature: _____

FOR OFFICE USE ONLY

Approved by: _____

If you require reimbursement for transportation, meals or accommodations, please use the scale below.

Transportation (please show details of exact route, including street address, and distance in kilometers)

c. From(address) _____ To (address) _____

return km _____ 55 cents per km

d. From(address) _____ To (address) _____

return km _____ 55 cents per km

Meals -Breakfast (up to \$12.00) on (dates) _____

-Lunch (up to \$15.50) on (dates) _____

-Dinner (up to \$24.00) on (dates) _____

Accommodations

-Hotel _____ -up to \$133.62 per day (attach detailed receipts showing payment) _____