Western Teachers' Association Expense Form

Cheque Number _____

Name: _____
First Name Initial Surname

Address: _____
Street, City Postal Code Phone Number

1. OPERATING
   a. _____ _____
2. SOCIAL
   a. _____ _____
3. PUBLIC RELATIONS
   a. _____ _____
4. SCHOLARSHIP
   a. _____ _____
5. COLLECTIVE BARGAINING
   a. _____ _____
6. EQUITY & SOCIAL JUSTICE
   a. _____ _____
7. PROFESSIONAL DEVELOPMENT
   a. _____ _____
8. NEW TO WESTERN
   a. _____ _____
9. INDIGENOUS EDUCATION
   a. _____ _____
10. EXECUTIVE WORKSHOP
    a. _____ _____
11. MTS PROVINCIAL COUNCIL
    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)

a. From(address) _____ To (address) _____

return km _____ 70 cents per km

b. From(address) _____ To (address) _____

return km _____ 70 cents per km

Meals -Breakfast (up to $21.00) on (dates) _____ _____

-Lunch (up to $31.00) on (dates)_____ _____

-Dinner (up to $43.00) on (dates) _____ _____

Accommodations

-Hotel _____-up to $143.14 per day (attach detailed receipts showing payment) _____

or

- Staying with relatives/friends _____ up to $71.57 per day in lieu of hotel costs. _____
This includes coverage of kilometers to/from friends/relative