**ATA Local #62 Expense Claim**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mileage:**

From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount - $0.45/ KM ( to be filled out by Treasurer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Meals:**

LCM or EPC meeting (Receipt Required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meal allowance for ATA meetings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( $10.00 Breakfast, $15.00 Lunch, $20.00 Supper)

**Hotel:**

(Receipt Required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other:**(specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Claim:** ( to be filled out by Treasurer) \_\_\_\_\_\_\_ Chq. # \_\_\_\_\_\_\_

Claim form needs to be submitted to the Treasurer within 30 days of the meeting at: Roland Michener High School

C/O Maria Doroshenko

106 7 St. SE

Slave Lake, AB

T0G 2A4

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_