|  |
| --- |
| **ATA Local #80 Expense Claim Form 2022-23** |
|  |  |  |  |  |
| **Name:**  |  |  | **School:** |   |
|  |  |  |  *(cheque will be sent by inter-school mail)* |
| **Name of ATA Function/Conference:**  |  |
|  |  |  |  |  |
| **Location(city):**  |  | **Date of Function:**  |  |
|  |  |  |  |  |
| **Departure date:**  |  | **Return Date:**  |  |
|  |  |  |  |  |
| *S****ubstitute cost: (Note: The local does not cover the cost for BTC or LEA- The school covers the sub cost)*** |
|  |  |  |  |  |
| **Did you require a sub?**  | **Yes / No** | **Who is paying for the sub?** |  |
|  |  |  | *(Be sure to fill in on AESOP who is paying for your sub.)* |
| **Date(s) Substitute needed:**  |  | **Full day or half day** |  |
|  |

**Expenses: *Always submit ORIGINAL receipts.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Transportation:**  | *The distances to follow Provincial Mileage guidelines* |  | **Totals** |
|  |  |  |  |  |  |  |  |  |
| **Vehicle:** |  | kms x | 0.65₵ | /km |  | - |  |  |  |
|  |  |  | *(From)* |  | *(To)* |  |
| **Accommodations:** *The amount negotiated by Barnett House at the suggested hotel for the event or the equivalent amount at the hotel of the member's choosing. Receipt and event information must be included.* |
|  |  |  |  |  |  |  |  |  |
| **Hotel:**  |  |  | $ |
|  |  |  |  |  |  |  |  |  |
| **Non-Commercial Accommodations** – Max $50/night/member *(receipt must be included)* | $ |
|  |  |  |  |  |  |  |  |  |
| **Meals:** |  | # Breakfasts | x $15.00 | = |  |  |  |  |
|  |  | # Lunches | x $20.00 | = |  |  |  |  |
|  |  | # Suppers | x $30.00 | = |  |  |  |  |
|  |  |  |  |  |  | **Total Meals** | $ |
|  |  |  |  |  |  |  |  |  |
| **Parking:** *(Include receipt)*  |  |  |  |  |  | $ |
| **Other Expenses:** *(provide details and receipts required)* |  |  |  |  |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  |
|  |  |  |  | **Total Claim** | $ |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Make Cheque payable to:** |  |  | **Cheque Number:**  |
|  |  |  (Please Print) |  |
|  |  |  |
| **Signature:**  |  | **Date :**  |  |  |
|  | **All claims must be signed** |  |