

**COLLECTIVE
BARGAINING COMMITTEE**

EXPENSE FORM

NAME _____ **SCHOOL** _____

EVENT _____

EVENT DATE _____

MILEAGE: _____ km. @ \$0.40 per kilometer _____

MEALS: Breakfast (maximum \$10.00) _____

Lunch (maximum \$15.00) _____

Dinner (maximum \$25.00) _____

TOTAL _____

DEPENDENT CARE:
(\$25.00/meeting day, \$30.00 overnight) _____

OTHER (Specify) _____

TOTAL REIMBURSEMENT REQUESTED _____

Signature _____

Date _____

***For financial & environmental reasons, PLEASE CARPOOL WHENEVER POSSIBLE**

***Receipts must be submitted for all claims except mileage**

Treasurer / Admin. Assistant _____

Date _____