

President - Barb Blasutti

Vice-President - Maria Bouwmeester

EXECUTIVE EXPENSE FORM

NAME _____ **SCHOOL** _____

EVENT _____

EVENT DATE _____

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

OTHER (Specify) _____

TOTAL REIMBURSEMENT REQUESTED _____

Signature _____ Date _____

***For financial & environmental reasons, PLEASE CAR POOL WHENEVER POSSIBLE**
***Receipts must be submitted for all claims except mileage**
***Forms are to be submitted to the Rainbow Local Office**

Signature _____ Date _____