



Algoma District Elementary Teachers

123 March Street, Suite 400

Sault Ste. Marie, Ontario P6A 2Z5

Tel: (705) 942-3379, Fax: (705) 942-1050

STATEMENT OF EXPENSES

(ATTACH RECEIPTS FOR ALL EXPENSES OVER \$10)

THIS FORM MUST BE SUBMITTED **WITHIN 30 DAYS** OF THE ACTIVITY

Name: _____ Local: **ALGOMA ETFO**

Address: _____ City/Town: _____

Phone: _____ Postal Code: _____

Activity: _____ Activity Date: _____

A. Travel Details:

Air: _____ \$ _____

Rail / Bus: _____ \$ _____

Motor Vehicle: _____ km x 0.40¢ _____ \$ _____

Taxi/Bus/Subway: _____ \$ _____

Parking: _____ \$ _____

Total Travel: \$ _____

B. Accommodation: Hotel Name: _____

of Nights: _____ Billed to ADETFO: YES _____ NO _____

Hotel Accommodation \$ _____

C. Meals:

<u>Dates</u>	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Meals: \$ _____

D. Dependant Care: (Complete and attach Dependant Care Expense Statement)

Total Dependant Care: \$ _____

E. Other Expenses Paid By Me: (Provide Details)

Total Other Expenses: \$ _____

F. Total Expenditure \$ _____

G. Deduction for Personal Expenses:

Explain: _____ \$ _____

H. Explanation Re: Unusual Claim: _____

NET CLAIM: \$ _____

I. Signature: _____ **Worksite/School:** _____