



Algoma District Elementary Teachers

123 March Street, Suite 400

Sault Ste. Marie, Ontario P6A 2Z5

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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: _____

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/Receipts)

Total Other Expenses: \$ _____

F. Total Expenditure Claim\$ _____

G. Signature: _____ Worksite/School: _____