



Algoma Elementary Teachers

765 Queen Street East, Suite 103
Sault Ste. Marie, ON P6A 2A8
Tel: (705) 942-3379, Fax: (705) 942-1050
Free Parking

STATEMENT OF EXPENSES

(ATTACH RECEIPTS FOR ALL EXPENSES OVER \$10)

THIS FORM MUST BE SUBMITTED
WITHIN 30 DAYS OF THE ACTIVITY

Clear Form

Name: _____ Local: **ALGOMA ETFO**
 Address: _____ City/Town: _____
 Phone: _____ Postal Code: _____
 Activity: _____ Activity Date: _____

A. Travel Details:

Air: _____ \$ _____
 Rail / Bus: _____ \$ _____
 Motor Vehicle: _____ km x 0.50¢ = _____ \$ _____
 Taxi/Bus/Subway: _____ \$ _____
 Parking: _____ \$ _____

Total Travel: \$ _____

B. Accommodation: Hotel Name: _____

of Nights: _____ Billed to AETFO: YES
NO

Hotel Accommodation: \$ _____

C. Meals:

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

Total Meals: \$ _____

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

Total Other Expenses: \$ _____

NET CLAIM \$ _____

Signature: _____ **Worksite/School:** _____

Budget Line: _____ Chq # _____