

CLAIM FORM for Teachers Convention

NAME _____ SCHOOL _____

LOCATION _____ DATES _____

| | | |
|--|-------------|--|
| Accommodation: (Regular room rate to a maximum of \$300) | nights @ \$ | |
| Meals: Breakfast maximum \$20 | | |
| Lunch maximum \$30 | | |
| Dinner maximum \$40 | | |
| Travel: | km @ | |
| Other: | | |
| TOTAL CLAIM | | |

*Itemized receipts are required (not solely credit/debit receipts)

*Alcohol and tips will not be reimbursed

Teacher's Signature _____

Please be sure to:

- retain a copy of this form and all receipts submitted.
- staple the receipts to the back of this form.
- forward the original copy of this form and receipts in an envelope to the ATA PD Treasurer

PD Treasurer's Initials

Cheque Number