



Name: _____

School: _____

Date: _____ / _____ / _____
Month Day Year

NOTE: ALL CLAIMS MUST BE ACCOMPANIED BY THE APPROPRIATE RECEIPTS AND REQUIRE VERIFICATION OF THE COMMITTEE CHAIR. MAXIMUM MEAL CLAIM IS \$20.

COMMITTEE # 1:		CHAIR SIGNATURE:	
DATE M/D/Y	EXPENSE DETAILS. PLEASE BE SPECIFIC.	CLAIM AMOUNT	ACCOUNT CODE
	MILEAGE (COMPLETE DETAILS ON REVERSE)		

COMMITTEE # 2:		CHAIR SIGNATURE:	
DATE M/D/Y	EXPENSE DETAILS. PLEASE BE SPECIFIC.	CLAIM AMOUNT	ACCOUNT CODE
	MILEAGE (COMPLETE DETAILS ON REVERSE)		

COMMITTEE # 3:		CHAIR SIGNATURE:	
DATE M/D/Y	EXPENSE DETAILS. PLEASE BE SPECIFIC.	CLAIM AMOUNT	ACCOUNT CODE
	MILEAGE (COMPLETE DETAILS ON REVERSE)		

Claimant's Signature: _____ TOTAL CLAIM: _____

FOR OFFICE USE ONLY

Signature: _____ Cheque Number: _____

Notes: _____

MILEAGE DETAILS – PLEASE TRANSFER DETAILS TO FRONT OF FORM

NOTE: ALL MILEAGE IS CALCULATED FROM YOUR SCHOOL TO THE EVENT LOCATION AND BACK TO YOUR SCHOOL. SEE MILEAGE CHART PREPARED BY TSU. MILEAGE IS 47¢ PER KM.

COMMITTEE # 1:			TOTAL KM:
DATE M/D/Y	EVENT	LOCATION	KM CLAIMED
TOTAL KM CLAIMED:		X 47¢	TOTAL CLAIM AMOUNT:

COMMITTEE # 2:			TOTAL KM:
DATE M/D/Y	EVENT	LOCATION	KM CLAIMED
TOTAL KM CLAIMED:		X 47¢	TOTAL CLAIM AMOUNT:

COMMITTEE # 3:			TOTAL KM:
DATE M/D/Y	EVENT	LOCATION	KM CLAIMED
TOTAL KM CLAIMED:		X 47¢	TOTAL CLAIM AMOUNT: