



Teacher Wellness Grant Expense Claim Form

Name: _____

Address: _____

Date of Event: _____

Location of Event: _____

Name of Hosting School: _____

Original Receipts are Required for All Expenses

Itemized List of Expenses

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Claim	\$ _____

I understand and acknowledge that original receipts, the participant list, and a group photo must be submitted with this claim form for claim reimbursement.

Claimant Signature: _____ **Date:** _____

Please submit the completed claim form along with receipts, participant list with signatures, and a group photograph within 30 days of the event. You may scan and email the required information to dehr@local22.ca or the information can be mailed to the address below.

DEHR Chair
4511 - 55th Avenue
Barrhead, AB
T7N 1K7