



Beginning Teachers' Conference Expense Claim

Name: _____

Address: _____

Conference Dates: _____

Location of Conference: _____

Your School: _____

Excluding mileage, original receipts are required for all expenses.

Accommodation

Hotel \$ _____

Other \$ _____

Transportation

\$0.53 per km x _____ total distance \$ _____
(from home or school, return, which-ever is closer)

Subsistence

Thursday and Friday Suppers – up to \$30.00 each \$ _____

Total Claim \$ _____

Claimant Signature: _____ **Date:** _____

Please submit completed form on or before October 31 (with receipts), to your school representative to present to the local treasurer at the November local council meeting OR mail completed forms to

Karen Campbell
1807 – 10024 Jasper Avenue NW
Edmonton, AB T5J 1R9