



The ALBERTA TEACHERS' ASSOCIATION - PEMBINA HILLS LOCAL No. 22

## TRAVEL CLAIM FORM

Name: \_\_\_\_\_

Meeting Name: \_\_\_\_\_

Meeting Location: \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Your School: \_\_\_\_\_

Total Distance: \_\_\_\_\_ km @ \$0.53/km Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(PIPA: Any information you provide on this claim form may appear on the printed Treasurer's Report to Local Council.)



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