



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

TRAVEL CLAIM FORM

Name: _____

Meeting Name: _____

Meeting Location: _____

Meeting Date: _____ Your School: _____

Total Distance: _____ km @ \$0.65/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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