



# EXPENSE CLAIM FORM

Teacher's Name \_\_\_\_\_ School \_\_\_\_\_

Committee \_\_\_\_\_ Date \_\_\_\_\_

**ITEM:**

**CLAIM:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL CLAIM: \_\_\_\_\_

\_\_\_\_\_  
verified by (President or Chairperson)

\_\_\_\_\_  
signature of the Treasurer paying the bill  
or the person receiving the money

NOTE:

- 1. All claims except mileage require official receipts.
- 2. Receipts must be attached to this claim form.

\*\*\*\*\*TREASURER'S USE\*\*\*\*\*

account number: \_\_\_\_\_ cheque number: \_\_\_\_\_

date of cheque: \_\_\_\_\_