



Hamilton Wentworth Unit

Phone (905) 574-6483

98 BIGWIN ROAD, UNIT 3
BOX 29
HAMILTON, ONTARIO
L8W 3R4

Mileage Claim Form

Name: _____

School: _____

Committee: _____

(Please use only one form per committee)

DATE	TRAVEL TO AND FROM	DISTANCE

TOTAL _____ KMS.

Total Claim: Distance _____ X \$0.50 = \$ _____

Signature: _____

Verified (President or Chairperson)

Treasurer

-----Treasurers use -----

account number _____

cheque number _____

date of cheque _____