



Name _____
 Address _____
 Postal Code _____

ATA Election Event Expense Claim

Activity <input type="checkbox"/> ATA Candidates' Meeting <input type="checkbox"/> Speech Recording	
Activity Date _____ Activity Location _____	
Expense Category	Amount Claimed
Accommodation	
Release Time	
Transportation Car (40¢ per km) From _____ To _____ To _____ Total kms _____	
Airfare	
Total Claim	

Account Codes (do not complete; for Elections and Finance only)	Acct Only	Required		Amount
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Claimant Signature _____ Staff Officer _____

Submit original form and receipts to: Laura Harris
 Elections Administrative Officer
 11010 142 Street NW
 Edmonton AB T5N 2R1

The Association uses personal information provided on this form to facilitate reimbursement of expenses and update its teacher information system.

