



Algoma Elementary Teachers

123 March Street, Suite 400

Sault Ste. Marie, Ontario P6A 2Z5

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# STATEMENT OF EXPENSES

(ATTACH RECEIPTS FOR ALL EXPENSES OVER \$10)

THIS FORM MUST BE SUBMITTED **WITHIN 30 DAYS** OF THE ACTIVITY

Name: \_\_\_\_\_ Local: **ALGOMA ETFO**

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Phone: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Activity: \_\_\_\_\_ Activity Date: \_\_\_\_\_

## A. Travel Details:

Air: \_\_\_\_\_ \$ \_\_\_\_\_

Rail / Bus: \_\_\_\_\_ \$ \_\_\_\_\_

Motor Vehicle: \_\_\_\_\_ km x 0.40¢ \_\_\_\_\_ \$ \_\_\_\_\_

Taxi/Bus/Subway: \_\_\_\_\_ \$ \_\_\_\_\_

Parking: \_\_\_\_\_ \$ \_\_\_\_\_

**Total Travel: \$** \_\_\_\_\_

## B. Accommodation: Hotel Name: \_\_\_\_\_

# of Nights: \_\_\_\_\_ Billed to ADETFO: YES \_\_\_\_\_ NO \_\_\_\_\_

**Hotel Accommodation \$** \_\_\_\_\_

## C. Meals:

<u>Dates</u>	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total Meals: \$** \_\_\_\_\_

## D. Dependant Care: (Complete and attach Dependant Care Expense Statement)

**Total Dependant Care: \$** \_\_\_\_\_

## E. Other Expenses Paid By Me: (Provide Details)

**Total Other Expenses: \$** \_\_\_\_\_

**F. Total Expenditure** ..... \$ \_\_\_\_\_

**G. Deduction for Personal Expenses: Explain:** \$ \_\_\_\_\_

**H. Unusual Claim: Explain:** \$ \_\_\_\_\_

**NET CLAIM: \$** \_\_\_\_\_

**I. Signature:** \_\_\_\_\_ **Worksite/School:** \_\_\_\_\_