

Foothills ATA Expense Claim Form

Name: _____

School: _____

Mailing Address: _____

(June submissions only) _____

Please complete all information on this form, attach all required receipts and submit it to Cassandra Nabozniak or email to: treasurer@foothillsata.com

Date	Event	Amount
	<i>Mileage</i> _____ KMs x \$0.68/KM	
	<i>Accommodation</i>	
	<i>Meals</i> *Alcohol will not be reimbursed	
	<i>Other</i> *Please provide details	
	Total	

Comments: _____

Signature: _____

Date: _____

Check Number: _____

Date: _____