



EXPENSE CLAIM FORM

Staff Information						
Name: _____			School: _____			
Staff Signature: _____			Date: _____			
Expense Information						
Date	Explanation	Travel KM	Amount	Rooms	Meals	Other
Totals						

All expenses must be supported by original detailed receipts

CENTRAL OFFICE USE ONLY:		
INVOICE #		
ACCOUNT CODE	AMOUNT	GST
GROSS TOTAL		
GST TOTAL		

This information is collected and distributed in accordance with the Freedom of Information and Protection of Privacy (FOIP) Act, Sections 33(1) and 37. Your personal information will be protected as per Part 2 of the Act. For further information concerning the completion of the form please contact your FOIP Coordinator at St. Thomas Aquinas Catholic Schools, 4906 – 50 Avenue, Leduc, Alberta, T9E 6W9. Phone (780) 986-2500.

PLEASE SUBMIT ALL FORMS ELECTRONICALLY