

EXPENSE FORM

NAME : _____ WORKPLACE: _____

EMAIL (for e-transfer): _____

EVENT: _____ EVENT DATE: _____

MILEAGE: _____ KM @ \$0.50 per kilometer

OTHER: (specify) _____

TOTAL REIMBURSEMENT REQUESTED: _____

PLEASE CHOOSE PAYMENT METHOD: ☐ E-TRANSFER ☐ CHEQUE

MEMBER SIGNATURE _____ DATE _____

- For financial & environmental reasons, PLEASE CARPOOL WHENEVER POSSIBLE
- Receipts must be submitted for all claims except mileage
- Forms are to be submitted to the Rainbow Local Office

FOR OFFICE USE ONLY

SIGNATURE _____

SIGNATURE _____

DATE _____

PLEASE FORWARD THIS FORM TO JCHALK@ETFORAINBOW.ON.CA
OR
SEND THROUGH BOARD MAIL TO THE RAINBOW TEACHER LOCAL OFFICE