TRILLIUM LAKELANDS ELEMENTARY TEACHERS' LOCAL
EXPENSE STATEMENT

Statements must be submitted to and received by the President within 30 calendar days of the event. Please sign your statement.			Col. A	Attach Receipts for Meal Exp.	Col. B	Attach Receipts for Other Exp.	Col. C
Date(s)	**Event, Destination, etc.**	**Budget Line**	Km.	**Meal Expenses**		**Other Expenses**	
1) Travel @$0.50/km (Re: TLETL Expenses Policy/Procedure, 1.01.01)				Type	Cost	Item	Cost
Column Totals		Total Km >	0				
				Total Meals >	$0.00	Total Other >	$0.00

Please Print:

Claimant's Name >	
Claimant's Worksite >	

Expense Statement Summary		
Travel	Col. A Total	$0.00
Meals	Col. B Total	$0.00
Other	Col. C Total	$0.00
Total Claim Made		**$0.00**

I certify that the expenses detailed above were incurred by me on authorized Union business:

(Claimant's Signature above)

Date >	

Office Use Only	
Pres. Initials/Approval	Treasurer's Initials
Cheque Number >	
Date Issued >	