



ALBERNI DISTRICT TEACHERS' UNION

4913 Argyle Street, Port Alberni, BC, V9Y 1V6 • (250) 724-5021 • fax: (250) 724-0442
email: adtu@shawcable.com

EXPENSE VOUCHER

Name: _____

Address/School: _____

Expenses in connection with: _____

			\$
Transportation			
Automobile (km)	x \$0.54	from _____ to _____	+Return
Ferry <u>Receipt(s)</u> <i>Required</i>	From _____	To _____	+Return
Other - Specify (Receipts)			
Hotel (Receipts)			
Dependent Care (See Note on Overleaf) Hours of Care _____ @ \$ _____ =			
Meals			
breakfasts @ \$14.00 on (dates)			
lunches @ \$16.00 on (dates)			
dinners @ \$26.00 on (dates)			
Other Expenses (receipts and details required)			
Total Expenses			\$
Less Advances			(\$)
Amount Due			\$

Date: _____

Signature: _____

Approved for Payment: _____

Dependent Care

Members incurring Dependent Care expenses due to attendance at ADTU meetings, **that would not otherwise have been incurred**, may claim expenses up to a maximum of \$13 per hour. Receipts containing the amount and the name and address of the caregiver are required.