

ALBERNI DISTRICT TEACHERS' UNION

4558 Adelaide Street, Port Alberni, BC, V9Y 6N3 • (250) 724-5021 • fax: (250) 724-0442 email: adtu@shawcable.com

EXPENSE VOUCHER

Name: _____

Address/School: _____

Expenses in connection with: _____

						\$
Transportation						
Automobile (km)	x \$0.68	from	t	0	+Return	
Ferry <u>Receipt(s)</u> <u>Required</u>	From		То		+Return	
Other - Specify	(Receipts)					
Hotel (Receipts)						
Dependent Care (See Note on Overleaf) Hours of Care @ \$					II	
Meals						
breakfasts @ \$20.00 on (dates)						
lunches @ \$25.00 on (dates)						
dinners @ \$40.00 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 \$18 per hour. Receipts containing the amount and the name and address of the caregiver are required.