



**SURREY TEACHERS' ASSOCIATION  
EXPENSE VOUCHER**

**ORIGINAL RECEIPTS MUST BE SUBMITTED.**

Payable to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ Postal Code \_\_\_\_\_ Employee No \_\_\_\_\_

School: \_\_\_\_\_  
 Courier # \_\_\_\_\_

Expenses in conjunction with \_\_\_\_\_ Committee / Account

DATE	DETAILS	AMOUNT

Meals: breakfast: \$14.00 / lunch: \$16.00 / dinner: \$26.00

Transportation: Automobile: \$0.54 per km

Carpooling: additional \$0.10 per passenger per km. List names: \_\_\_\_\_  
 \_\_\_\_\_

FOR COMMITTEE CHAIRPERSON	
Account#	Signature:
Amount Approved:	
Comment:	