SURREY TEACHERS' ASSOCIATION
EXPENSE VOUCHER
ORIGINAL RECEIPTS MUST BE SUBMITTED.

Payable to: _____ **Address:** _____ **City**_____ **Postal Code** _____**Employee No** _____	**School:** _____ **Courier #** _____

Thank you for providing your home address. We are collecting this information so that we are able to mail your reimbursement to your home address if needed. If you have any concerns about your address being collected, used, and disclosed as is reasonably necessary for this purpose, please let us know.

Expenses in conjunction with _____ **Committee / Account**

DATE	DETAILS	AMOUNT

Meals: breakfast: $20.00 / lunch: $25.00 / dinner: $40.00

Transportation: Automobile: $0.70 per km

Carpooling: additional $0.10 per passenger per km.

List names of carpool passengers: _____

FOR COMMITTEE CHAIRPERSON	
Account#	Signature:
Amount Approved:	

Surrey Teachers' Association
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(604) 594-5353