



**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: \$0.72 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
 201 - 9030 King George Boulevard, Surrey, V3V 7Y3
 (604) 594-5353