



KPR ETFO Expense Form

Name: _____

School: _____

Event

Committee

Office

Steward

other

Description: _____

Attach receipts for all expenses over ten dollars (\$10). Please see guidelines on reverse

EXPENSES				AMOUNT	Office use only
<i>Travel Costs: km from your home or worksite, whichever is closer</i>					
Motor vehicle	From:	To:	kms:		
	From:	To:	kms:		
Carpool	Number of additional authorized passengers: _____		* total kms:		
	List authorized passengers:				
<i>Other Expenses Incurred: (ex: parking, dependent care, meals, etc (see guidelines on reverse)</i>					
TOTAL CLAIMED (Travel + Other)					

Member Signature: _____ Date: _____

By clicking this button I certify the info I'm submitting is correct

Members will be paid by e-transfer whenever possible. If not, a cheque will be sent by courier to the school location (or home address as last resort)

Email address for e-transfer:

Date (Processed):

Date (Quickbooks):

Submit completed forms by email to admin@kpretfo.ca