



STATEMENT OF EXPENSES FOR ETFO HASTINGS-PRINCE EDWARD

114 Victoria Avenue, Belleville, ON K8N 2A8

Phone: 613-968-3707

PAYABLE TO : _____

(Name/Business)

FORWARD TO: _____

(Address or School)

ITEMIZED EXPENSES: Attach receipts for all expenses (including dependent care claims) by stapling to top left-hand corner.(on the back)

(This does not include mileage. For mileage, please complete a Mileage Expense Form)

	Date of expense dd/mm/yy	Budget Line	Details of the Expenditure	\$ Amount
1				
2				
3				
4				
5				
TOTAL CLAIM (A) ▶				
	Date of expense dd/mm/yy	Meeting	1 dependent X \$25.00 / # other dependents X \$20.00 To a maximum of \$65.00 [enter total in line (B)]	
1				
TOTAL CLAIM FOR DEPENDENT CARE (B) ▶				
NET CLAIM ▶ (A + B)				

CLAIMANT'S SIGNATURE _____

DATE _____

For office use only

Amount Requested by the Claimant

\$ _____

Approved by: _____

Cheque #: _____

Approval Date: _____

Note: Expense claims should be submitted to the Local Treasurer **within 30 days of purchase**.
Cheques will be processed upon return to the office and then mailed or couriered to claimants.