



**YORK CATHOLIC**  
TEACHERS

# EXPENSE CLAIM FORM

## 2023 - 2024

ITEM	ACCT. / MOTION REF.	AMOUNT CLAIMED

Mileage B/fwd. from Mileage Form attached..... \$

\_\_\_\_\_

TOTAL CLAIM ..... \$

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

*(pls. print)*

MEMBER'S SIGNATURE: \_\_\_\_\_

Michael Tetter \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Signature of  
TREASURER/ACCOUNTANT

Signature of PRESIDENT

- 1. All claims (except mileage) require official receipts.
- 2. Receipts **MUST** be attached to this claim.

◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆ TREASURER'S USE  
 ◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆

Date of Cheque: \_\_\_\_\_

Cheque #: \_\_\_\_\_

Original filed under Acct.: \_\_\_\_\_

Payee: \_\_\_\_\_

School: \_\_\_\_\_