Local 4 Claim Form

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| --- | --- |
| Name (non-digital please): | |
| Address: | |
|  | Postal Code: |
| Activity: | |
| Date of activity (non-digital please): | |
| Sub booked date(s) and FTE used: | |
| Mileage:  Travel from to  to =( km)($0.69)  OR  Data \_\_\_:\_\_\_\_\_ to \_\_\_:\_\_\_\_\_. (\_\_units of 30minute)($5/unit) |  |
| Meals ($23 max/meal OR receipt)  Meals provided by ATA cannot be claimed. |  |
| Accommodation |  |
| Honorarium (100Full,50Half day) |  |
| Other (Childcare Eve$40, AllDay$80) |  |
| Total |  |

Send claim with receipts, within 3 months to: Qian Zhang   
Email: qianzhang1@gmail.com

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| Cheque date: Cheque #  Same date as activity |

Information herein will be used to process cheques and will be reported to Local Council. Form must be filled out completely for reimbursement. All claims must be received within 3 months from date of activity.

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