

Interlake Adult Learning Association, Inc. (IALA), Box 2240, Gimli, MB, R0C 1B0  
EXPENSES CLAIM FORM, 2006-2006

ALT  
 Delivery Site \_\_\_\_\_ Workplace \_\_\_\_\_ Community \_\_\_\_\_ Ex. Dir. \_\_\_\_\_ Reg. Bd. \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Month/Year \_\_\_\_\_

Note: Please attach receipts for all expenses. Please initial all receipts. For mileage claims, indicate destination and number of kilometers traveled.

Date(s)	Expenses Details	Conference	Materials		Travel / Mileage			Admin	P.D.	Facilities	TOTAL
			Instruction	Office	E.D.	Delivery	P.D./Mtgs				
TOTAL											

Claimant's Signature \_\_\_\_\_  
 Date \_\_\_\_\_ Position \_\_\_\_\_  
 Approved by: \_\_\_\_\_, IALA

**FOR OFFICE USE ONLY**  
gd accounting

Payment Date \_\_\_\_\_  
 Cheque # \_\_\_\_\_  
 Processed by \_\_\_\_\_

Professional Development – registrations, lunch