Interlake Adult Learning Association, Inc. (IALA), Box 2240, Gimli, MB, R0C 1B0
EXPENSES CLAIM FORM, 2006-2007

General

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	Materials			Prof. Dev.		Student Supports				Facilities	Admin.	Tech.	Other		TOTAL
		reference	student	supplies	travel	p.diems	travel	childcare	conf	other				misc	travel	
Total																

Claimant's Signature _____

Date _____ Position _____

Approved by: _____, IALA

FOR OFFICE USE ONLY
gd accounting

Payment Date _____

Cheque # _____

Processed by _____

Materials – reference, learner resources, office/teaching supplies, photocopying
Travel – learners / instructors / coordinator
Professional Development & Meeting Costs – lunch, LPM memberships
Student Supports – transportation, childcare, conference, other (pens, notebooks, coffee, etc.)
Facilities – church use, telephone, internet
Administration – accounting, audit, insurance
Technology – software, hardware repairs
Other – publicity, volunteer recog'n, mileage – coordinator & f. lit. consultant