

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

HCI:
 Playgroup / Beach Buddies _____ Fisher Branch B.U.D.S. _____ Arborg _____ Family Literacy Consultant _____ Executive Director _____ Regional Board

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)	Materials	Materials		Supports	Facilities	Other	TOTAL
		Learner	Supplies				
Total							

Claimant's Signature _____ Date _____ Position _____ Approved by: _____, IALA	FOR OFFICE USE ONLY gd accounting Payment Date _____ Cheque # _____ Processed by _____
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Materials – learners' resources; teaching supplies