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

WEM
Delivery _____ Coordination _____ Regional Board _____ Delivery Site _____

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)		Travel	Publicity	Honoraria	Facilities	Materials	Admin'n	Other	TOTAL
Total									

Claimant's Signature _____

Date _____ Position _____

Approved by: _____, IALA

FOR OFFICE USE ONLY
gd accounting

Payment Date _____

Cheque # _____

Processed by _____