



TRAVEL EXPENSE FORM

PAATA

PLEASE FILL OUT THIS FORM TO GET REIMBURSED FOR TRAVEL EXPENSES

TEACHER'S NAME

SCHOOL:

POSITION:

DATE:	FROM to DESTINATION:	REASON	TOTAL KM
Please refer to the STF TRAVEL REIMBURSEMENT FOR MEMBERS for amount per KM		TOTAL KM	
_____ KM x _____ CENTS/KM		TOTAL REQUESTED	

TRAVEL EXPENSE FORM

PAATA

PLEASE FILL OUT THIS FORM TO GET REIMBURSED FOR TRAVEL EXPENSES

EXTRA SPACE

DATE:	FROM to DESTINATION:	REASON	TOTAL KM

PAATA REQUISITION FORM

CHEQUE MADE OUT TO:

COMMENTS: PAID OUT CHEQUE NUMBER

AMOUNT: BUDGET CATEGORY:

TRAVEL

DATE: