



ANNUAL TRANSPORTATION OF PERSONAL EFFECTS REIMBURSEMENT CLAIM FORM

Name: _____ School: _____
PLEASE PRINT

ARTICLE 20 – ANNUAL TRANSPORTATION OF PERSONAL EFFECTS REIMBURSEMENT

Please check the applicable section.

Actual cost of transportation of personal effects beyond the amount covered by fares shall be covered as follows:

i) Where air freight is required:

- | | | |
|---|--------------------------|------------|
| Berens River | <input type="checkbox"/> | \$1,094.90 |
| Brochet | <input type="checkbox"/> | \$1,371.05 |
| Garden Hill, Red Sucker, God's Lake Narrows | <input type="checkbox"/> | \$1,431.88 |

ii) Where rail freight is required: \$596.35

To receive reimbursement, teachers are required to submit receipts verifying actual dates and costs to their Area Superintendent.

School Year: _____

Notes: _____

TOTAL COST: \$ _____
(Please note receipts must be attached)

Employee Signature:		Date:	
Superintendent Signature:		Date:	
Secretary-Treasurer Signature:		Date:	

For Area Office Use Only:

Previous Balance claimed:	
Current Balance:	
Total Amount Remaining:	